



Children and Young People's Overview and Scrutiny Committee

Date **Thursday 2 April 2015**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meetings held on 12 January and 24 February 2015 (Pages 1 - 18)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Innovations Programme: (Pages 19 - 22)
 - a) Joint Report of Assistant Chief Executive and Corporate Director of Children and Adults Services
 - b) Presentation by Head of Children's Services, Children and Adults Services
7. Performance Management Report Quarter 3 - Report of Corporate Management Team (Pages 23 - 36)
8. Update on Stronger Families Programme (Pages 37 - 44)
 - a) Report of Corporate Director of Children and Adults Services
 - b) Presentation by Think Family Services Manager, Children and Adults Services
9. Budget Outturn Report Quarter 3 - Report of Head of Finance (Financial Services) (Pages 45 - 58)

10. Draft Scrutiny Review Report: Self-Harm by Young People - Report of Assistant Chief Executive (Pages 59 - 86)
11. Refresh of the Work Programme - Report of Assistant Chief Executive (Pages 87 - 100)
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
25 March 2015

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor J Blakey (Chairman)
Councillor C Potts (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, I Geldard, C Hampson, J Hart, D Hicks, K Hopper, H Little, J Measor, S Morrison, T Pemberton, L Pounder, M Simmons, H Smith, M Stanton and P Stradling

Faith Communities Representatives:

Mrs G Harrison and Mr G Moran

Parent Governor Representatives:

Mr R Patel

Co-opted Members:

Mr K Gilfillan and Mr D Kinch

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 12 January 2015 at 9.30 am**

Present:

Councillor J Blakey (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, K Dearden, C Hampson, D Hicks, K Hopper, C Potts, M Simmons, H Smith, M Stanton and P Stradling

Faith Community Representative:

Mrs G Harrison

Parent Governor Representative:

Mr R Patel

Co-opted Members:

Mr K Gilfillan and Mr D Kinch

Also Present:

Councillor O Gunn

The Chair welcomed the new Faith Communities Representative Mrs Gillian Harrison to the meeting.

1 Apologies for Absence

Apologies for absence were received from Councillors K Corrigan, I Geldard, J Hart, H Liddle and L Pounder.

2 Substitute Members

There were no substitute Members.

3 Minutes from the Meeting held on 3 November 2014

The minutes of the meeting held on 3 November 2014 were confirmed as a correct record and signed by the Chairman with the inclusion of Councillor O Gunn in attendance.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any items from Co-opted Members or Interested Parties

There were no items from Co-opted Members of interested parties.

6 Media Relations - Update on Press Coverage

The Committee received a presentation by the Overview and Scrutiny Officer on recent press articles relating of the Children and Young People's (for copy of slides see file of minutes).

The first article related to the National Honour for community spirited teens and advised of two teenagers who have been working to improve their estate and have been honoured at a national awards ceremony. The young people have been working with investing in children, the local police Durham youth for Christ charity, community centres and groups. Durham AAP was impressed by their work and subsequently had agreed to support the project which was successfully shortlisted for the youth volunteering prize at the Children and young people Now awards held in London.

The second article related to a new helpline which had been set up to give advice and support to young people. The helpline is staffed by professionals who give non-judgemental support, practical advice and information to children, teenagers and adults up the age of 35 years as well as to those who call because they are concerned about a child or young person.

The third article was related to self-harm and how some schools were struggling to cope with students self-harming. A report from the BBC indicated a 20% rise in the number of hospital admissions because of self-harm across England, Wales and Northern Ireland.

The final article related to baby screening and news that a lifesaving scheme had been expanded. The BBC report advised that newborn babies across England would be screened for more debilitating generic diseases. Babies currently are tested for cystic fibroses and sickle cell diseases at 5-8 days old when blood is taken from their heel. Four more rare conditions would now also be tested for, which had the potential to benefit around 30 children born in England each year. Early identification of these rare conditions could prevent death and significantly improve the quality of life for those living with these conditions.

7 Wellbeing for Life

The Committee received a joint report of the Corporate Director of Children and Adults Services and Director of Public Health County Durham which provided an introduction to a presentation on Wellbeing for Life by Children, Young People's and Families Acting Consultant in Public Health. (for copy of report and slides of presentation see file of minutes).

Members were advised of work by the public health team in reviewing contracts and commissioned services since the transfer of the service to the Council in 2013, including the Wellbeing for Life service.

The Committee learned that the wellbeing approach provided support to people to live well and helped address factors that influenced their health and build their capacity to become more independent, resilient and maintain good health for themselves and those around them. The approach went beyond identifying single issue health lifestyle services and a focus on illness and instead takes a whole person and community approach to improving health.

Members were advised that the 'Wellbeing for Life' approach was built on the findings of the Marmot review and supported the County Durham Joint Health and wellbeing Strategy 2014-2017. The model developed takes a life course approach and included an adult's element alongside its children and family elements.

Members learned that the model was made up of four component parts which included:

- Community Parenting Programme (pre-birth – 5years)
- Resilience building parenting programme (5 – 13 years)
- Whole school approach to resilience (5-19 years)
- Family initiative supporting child health (childhood obesity)

Members were advised that the Community Parenting Programme was evidence based intervention that would train and quality assure community volunteers to support identified families from pre-birth to the child's 5th birthday.

Positive mental health was central to all other health related choices and was a fundamental component of the children's wellbeing model. Strengthening the resilience of children, young people and families was a significant feature of the service.

Members were advised that there was a role for schools to contribute building resilience in children and young people and that whilst some schools already did this others would benefit from advice and guidance.

The Committee were advised that childhood obesity would continue to be prioritised through the established Family Initiative Supporting Child Health (FISCH) which was delivered in primary schools.

Councillor Gunn asked why the University of Brighton had been selected to undertake the evaluation. In addition she further asked how the 20 schools which were going to undertake the pilot had been selected. In conclusion she commented that childhood obesity and issues of affordability and food banks should be considered as high priority among the aims of objectives.

In response the Acting Consultant Public Health advised that the service did where possible work with local universities however the University of Brighton had undertaken significant work in relation to resilience and have a strong reputation in this field. With reference to the pilot schools chosen she advised that a small steering group had been formed and looked at prioritising schools taking into account those schools with higher risk taking into account the levels of teenage pregnancy, free-school meals etc. With regard to FISCH it was noted that this was part of a much wider food and health programme developing an action plan to address real social issues.

Councillor Armstrong asked where the funding was coming from to be able to achieve the goals outlined in the presentation. It was reported that funding had been made available as part of the public health transfer 18 months ago and was fully prioritised within that budget allocation.

Further discussion ensued regarding volunteers and what issues the team faced in recruiting up to the level of 50 active volunteers which was desired. It was discussed that how this information was cascaded to schools and Mrs G Harrison commented that ExtraNet was not the preferred method. She further added that she felt that schools need to be presented with the hard facts and felt that more could be done to get this information in to schools and to notify schools of initiatives like Think Family, which at her school had only been discovered by accident and not via council links.

Further discussion ensued regarding the communication of information and Councillor Armstrong suggested that details of initiatives etc. should be put through Governor's Support.

Councillor Blakey asked whether the actual cost of the evaluation was known. In response the Acting Consultant Public Health advised over the 3 year duration the evaluation would cost £50,000 which was comparable to similar services offered by other universities.

In relation to volunteers, Councillor Smith commented that she considered 50 volunteers to be a small amount considering the size of the county and scale of the job. In response the Acting Consultant Public Health advised that it was hoped that the team of volunteers would work with 200 families at any one time, however value and scale may be added to the programme.

Councillor Stradling suggested that the committee ask Councillor Gunn to look at the way in which information is delivered to schools and why in some cases schools were not being made fully aware of initiatives as quality information was being swallowed up with the huge amounts of paperwork being received by schools. He also agreed that Governor's had a responsibility to ensure that information was being cascaded through their school efficiently.

Resolved:

- That the content of the report and presentation be noted and;
- an update on the Wellbeing for Life Programme to be given following a period of six months.

8 Refresh of JSNA and Joint Health and Wellbeing Strategy

The Committee received a report and presentation of the Corporate Director Children and Adults Services which provided an update on the refresh of the Joint Strategic Needs Assessment 2014 and the Joint Health and Wellbeing Strategy 2015-18 (For copy of report and slides of presentation see file of Minutes).

The Strategic Manager; Policy Planning and Partnerships advised that the detail within the presentation provided refreshed actions and provided an update to the previously circulated briefing note. She further advised that a copy of the framework would be

circulated to members and Councillor Armstrong asked that this be done so in electronic and hard copy format.

Councillor Armstrong suggested that there was a synergy with the objectives and outcomes of the JSNA and JHWB Strategy with the reviews undertaken by the Committee and recommended that an analysis of the committee's recent review recommendations should be carried out to indicate the interaction between scrutiny and the service.

Resolved:

- That the content of the report be noted
- Members of the Committee were to report feedback to the Overview and Scrutiny Officer, in order for it to be forwarded to the Service before the deadline

9 Safeguarding Framework

The Committee received a report of the Corporate Director Children and Adults Services which provided information on the Safeguarding Framework which outlines the joint working arrangements between the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) with the Health and Wellbeing Board, Children and Families Partnership and Safe Durham Partnership (for copy see file of minutes).

Councillor Blakey asked whether independent safeguarding boards were still in operation in localities. In response it was advised that the local boards were no longer in operation.

Resolved:

That the content of the report be noted.

10 Children, Young People and Families Plan

The Committee received a report and presentation of the Corporate Director of Children and Adults Services which provided an update on the refresh of the Children, Young People and Families Plan (CYPFP) 2015-18 (for report and slides of presentation see file of minutes).

The Partnership Manager (CAS) provided a brief introduction to the plan and referred to the briefing note which had been circulated to members prior to the meeting. She advised that the comments of scrutiny members were welcomed on the refresh, with the final version of the CYPFP being presented to the Children and Families Partnership for agreement on 26 March 2015 and being reported to Cabinet on 10 June 2015.

Further details were presented in respect of the proposed strategic actions and how those new actions had been informed.

In conclusion she referred Members to the consultation questions and sought members' comments. Feedback could also be passed via the Overview and Scrutiny Officer. The deadline for comments was 30 January 2015.

Members were advised to email their comments on the Children, Young People and Families Plan back to the Overview and Scrutiny Officer before the deadline.

Resolved:

- That the content of the report be noted
- Members of the Committee were to report feedback to the Overview and Scrutiny Officer, in order for it to be forwarded to the Service before the deadline.

11 Quarter 2 2014/15 Budget Outturn Forecast

The Committee considered a report of the Head of Finance (Financial Services) which provided details of the forecast outturn budget position for the Children and Adults Services service grouping, highlighting major variances in comparison with the budget based on the position to the end of September 2014 (for copy see file of Minutes).

Councillor J Armstrong commented that he found the narrative in the report extremely helpful. He further asked whether the service were forecasting to reach the full capital programme. The Finance Manager in response advised that the capital programme would be revisited at MOWG in February and certain areas of the capital programme may be reprofiled into future years.

Resolved:

That the report be noted.

12 Quarter 2 2014/15 Performance Management

The Committee considered a report of the Corporate Management Team which presented Members with progress against the council's corporate basket of performance indicators, risks and Council Plan progress (for copy see file of minutes).

Mr D Kinch asked for clarification regarding data for looked after children case reviews and the target performance percentage. In response the Strategic Manager Performance and Information Management advised that the target was set at 97.8% and so was above target at 98.8%.

Mrs G Harrison commented that the data capture in respect of pupil premium related to 1 year previous as the funding did not reach the child until 1 year later, this often led to missed opportunities. It was agreed that this would be raised with Caroline O'Neill as members agreed the funding should come with the child in Year 1.

Mr K Gillfillan asked whether there was any further data to report in respect of pregnant mothers and the use of e-cigarettes. It was agreed that this would be taken back to Public Health colleagues and reported back to a future meeting.

Mr D Kinch in referring to page 69 of the report and point 25 asked when this target was likely to be green. In response the Strategic Manager Performance and Information Management advised that this target had originally been set with good intentions however it was somewhat irrelevant and unlikely to ever reach 100%.

Resolved:

That the report be noted.

13 Review of the Council Plan and Service Plans

The Committee received a report of the Assistant Chief Executive which provided an update on progress on the development of the Altogether Better for Children and Young People section of the Council Plan 2015-2018 including the draft aims and objectives contained within the Plan and the proposed performance indicator set to measure our success (for copy see file of minutes).

The Corporate Scrutiny & Performance Manager referred members to paragraph 10 of the report and the proposed indicators for removal. He further advised that there was a further indicator which was proposed for removal which related to the percentage of child protection cases reviewed in required timescales. It was further noted that those removed could be reported as exception son an adhoc basis during the year if required.

Comments from the committee were welcomed and it was advised that overview and scrutiny comments would be fed back into the reporting process, with the final council approval being reported to Council on 1 April 2015.

Councillor Stradling commented that he could see no valid reason for the removal of (v) 'under 16 conception rate per 1,000 girls aged 13-15. In response the Corporate Scrutiny and Performance Manager advised that this indicator was reported annually and therefore the quarterly reporting of this indicator was not required. In addition there had been some double counting taking place as 15-17 year old conception rates were also captured.

Councillor Simmons in relation to point (ii) 'parent / carer satisfaction with the help they received from Children's Services asked whether there were alternative methods of collecting this information. In response it was noted that the response rate on this indicator was a problem and the current online surveys did need improving in order to produce reliable data. The indicator may be reinstated if those improvements were made in the future.

Mr K Gillfillan added that in his opinion point (vi) 'Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)' was useful to the committee and also was cross cutting with self-harm.

Councillor Armstrong added that he supported Councillor Stradling's comments on under 16 conceptions and asked whether it would be possible to break the data down in to age groups. In response it was noted that this could be investigated further.

Mr D Kinch in referring to parent / carer satisfaction asked whether there was any data relating to dissatisfaction as he found this to me a more important statistic. Councillor Armstrong advised that this data was presented annually to the Corporate Issues Overview and Scrutiny Committee.

The Chairman asked whether data was collected for all referrals to CAMHS rather than just new referrals. It was agreed that further work could be undertaken to look at developing a better indicator to measure performance in this area.

Resolved:

That the content of the report be noted.

14 Verbal Update on Review of Self Harm by Young People

The Committee received a verbal update from the Overview and Scrutiny Officer on the review of Self harm by Young People. She advised that the evidence gathering stage was now complete, and work was continuing in drafting the final report. Members of the working group had met on 16 December to consider the key findings of the review and to formulate recommendations.

The Overview and Scrutiny Officer further advised that the key findings from the review were as follows:

- Risk taking behaviours is part of adolescence some young people will try self-harm once and not do it again while others will continue to use it as a coping mechanism for their worries and anxieties. By raising awareness of the issue of self-harm will provide young people with knowledge on how to keep safe and adults with the knowledge of the signs to watch out for.
- Definitive data on self-harm for County Durham is limited which is similar to both the regional and national position. The data only reflects the numbers of young people who attend hospital, however there are many more young people who self-harm but do not seek any kind of medical assistance and are not included within the data. Commissioners expressed frustration at the inconsistent methods of gathering data in relation to self-harm which makes it difficult when designing services.
- Although looked after children and young people were identified as a vulnerable group who may self-harm looked after children and young people in County Durham do have access to a very wide range of services from foster carers to psychiatrists. However it does not necessarily follow that because a young person falls into a vulnerable group they will self-harm, exposure to risks or being considered vulnerable does not mean that a young person will self-harm it could make them more resilient to pressures put upon them.
- There is a fine balance between addressing self-harm and overreacting to a risk taking behaviour. Some incidents of self-harm are considered to be 'one-offs' but for some it could be the beginning of a cycle and therefore the correct pathway is varied from person to person. Young people suggested that there are times when adults over react by involving as many services as possible.
- The importance of good mental health and emotional wellbeing is considered in many Council and Partnership strategies and plans as identified in paragraphs 17 to 21. Work is also continuing in the preparation of a Young People's Mental Health, Emotional Wellbeing and Resilience Plan.
- There are many services commissioned to provide help and support to young people who self-harm. Yet these are targeted and specialist services that require a referral to access them. Universally, young people have access to school nurses, GPs, teaching staff and youth workers. Young people indicated that from this selection it is youth leaders/workers they have the best relationship with and suggested that perhaps they could work in schools liaising with young people about emotional health and wellbeing.

- The internet hosts a range of sites which provide good and bad information. Parents and carers should have a conversation with their child to inform them of the dangers of the internet. As a local authority we also have a duty of care for those young people accessing information via pcs in council buildings.
- Schools have many constraints on their time and must cater for the needs of all their students. Best practice suggests a whole school approach in relation to mental health and emotional wellbeing of students.
- Not all schools have the capacity or the resources to provide a range of pastoral care but are able to 'buy in' services as required to support their students.
- Internet safety for children and young people is a key concern for parents, carers and teachers alike. It is important that young people understand and are aware of the dangers when surfing the internet especially when seeking help and support for their anxieties and worries.
- Parents need to be aware of the warning signs which may suggest their child is experiencing mental health or emotional wellbeing issues, including the signs to look out for should they suspect their child is self-harming.
- Young people have indicated they value the relationship they have with youth workers/leaders and feel more comfortable speaking to youth leaders/workers when asking for advice in relation to risk taking behaviours including self-harm.

Councillor J Armstrong in referring to internet safety asked whether any information had been received from the Head of ICT Services regarding the council's internet policy on access to these type of sites. It was noted that an answer had been provided and would be reported to a future meeting.

Councillor O Gunn noted that AAPs had not been mentioned and felt that it was important to keep local AAPs up to date. In response Councillor Stradling suggested that a copy of the draft report should be circulated to each for comment.

Resolved: That the content of the update be noted.

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DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in **Committee Room 1A, County Hall, Durham** on **Tuesday 24 February 2015** at **9.30 am**

Present:

Councillor J Blakey (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, K Dearden, C Hampson, J Hart, K Hopper, J Measor, S Morrison, C Potts, L Pounder, M Simmons, H Smith, M Stanton and P Stradling

Faith Community Representative:

Mrs G Harrison

Parent Governor Representative:

Mr R Patel

Co-opted Members:

Mr K Gilfillan and Mr D Kinch

1 Apologies

An apology for absence was received from Councillor D Hicks.

2 Substitute Members

No notification of Substitute Members had been received.

3 Declarations of Interest

There were no Declarations of Interest.

4 Any items from Co-opted Members or Interested Parties

Mr D Kinch, Co-opted Member had given notice that he wished to ask a question, the Chairman thanked Mr D Kinch and asked if he would put the question.

Mr Kinch noted the statement made on 27 November 2014, from Amyas Morse, Head of the National Audit Office:

“Most children are taken into care because of abuse and neglect. But too many of them are not getting the right placements the first time. If their complex and challenging learning and development needs are not correctly assessed and tackled, the result is likely to be significant long-term detriment to the children themselves as well as cost to society. No progress has been made in the last four years. If the Department is to break this pattern, then it needs to use its new Innovation Programme to understand what works, especially in terms of early intervention.”

In the context of the Head of the National Audit Office’s statement, Mr D Kinch asked can the department responsible at Durham County Council assure this Committee that they are, as the statement states, “getting it right” for children in Durham.

The Head of Children’s Services, Children and Adult Services, Carole Payne explained that the Council worked very hard to get it right for County Durham. It was added in cases of neglect it was vital to work hard to ensure stable placements for children and to work hard to secure permanent placements for children. Members were informed that it was also a clear priority to work to prevent suffering and there were a number of strategies and interventions including: the “Early Help Strategy”, better than rescuing children after the fact; the “Stronger Family Programme”, a very successful scheme; and the “Think Family” approach, linked to unmet needs of parents. The Head of Children’s Services concluded by noting that the Authority had made a bid to the Government’s Innovation Programme, via the Department for Education, with notification of the outcome expected by the end of the week.

5 Media Relations

The Overview and Scrutiny Officer, Ann Whitton referred Members to the recent prominent articles and news stories relating to the remit of the Children and Young People’s Overview and Scrutiny Committee (for copy see file of minutes). The articles included research commissioned by Public Health England and the National Institute for Health and Care Excellence (NICE), carried out by Portsmouth and Southampton Universities, that highlighted that the North East was the worst region for teenage smokers, despite smoking rates falling nationally. It was explained that an update on the impact of smoking was included within the work programme of the Committee for the upcoming year.

Members noted other articles included: calls for stricter alcohol marketing from Balance, as research shows that Primary School children recognise the Fosters larger brand more than Ben and Jerry’s Ice Cream and McVitie’s biscuits; and that “Safer Internet Day” had taken place on Tuesday, 10 February 2015.

Resolved:

That the presentation be noted.

6 LSCB Serious Case Review Process

The Chairman thanked the Business Manager, Local Safeguarding Children's Board (LSCB), Pixley Clarke who was in attendance to give a presentation as regards the LSCB Serious Case Review Process (for copy see file of minutes).

The Business Manager, LSCB noted she would give the Committee information relating to the process of Serious Case Reviews (SCRs) and how this was carried out in Durham.

Members were reminded that SCR was a statutory process and would be carried out when: abuse or neglect is known, or suspected; and either – a child dies, or a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child. It was added that suspected suicides were also covered by regulations and that additional criteria for carrying out a review included when a child dies in: custody, in Police custody; on remand; or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home; or where a child was detained under the Mental Health Act 2005.

Councillors noted that any agency could refer a case to the LSCB Business Manager and a sub-committee of the LSCB would be set up to see if the case met the criteria for a SCR. It was noted that if the case met the criteria then the issue would be referred to the Independent Chair of the LSCB, if it did not meet the criteria, there was still an opportunity to have a "Learning Lessons Review". It was explained that there was an obligation to report to the Department for Education (DfE), a National Panel of Experts and Ofsted as regards SCRs, whether they were to go ahead or not and there was an obligation to update on the progress and outcomes. Councillors learned that there had been no SCRs in County Durham since 2011 until last year, the reason being simply the criteria had not been met. It was noted that a Government consultation document had been circulated in January 2015 as regards the notification process for SCRs and information on this was expected soon.

The Business Manager, LSCB noted that the aim of a SCR was not to apportion blame, rather they were to rigorously review the evidence of what had happened to ensure: important lessons are learnt; services are improved; and any good practice identified is consolidated to reduce the risk of future harm to children. It was noted that in 2013, Government had said the focus of a SCR should be on reasons why and learning and accordingly LSCBs have to maintain a local learning and improvement framework covering a range of actions. It was added that the framework allowed flexibility and allowed the child's journey to be better understood and information sharing showed that neglect featured often. Members noted that the process in Durham also involved looking at any training or changes to working models that were required and to question recommendations in terms of them being practical, workable and implementable.

The Committee noted that at the end of the process, a report would be produced and this would be published, along with the LSCBs response to the findings and made available on the LSCB website for a minimum of 12 months. It was explained that afterwards, the LSCB monitors actions via its SCR Monitoring Sub-Group, a multi-agency group, and audits were carried out to test if actions/changes were making a difference and reports then coming back to the LSCB on progress.

A positive example was that of General Practitioners (GPs) having training as regards pre-mobile bruising and there was a positive impact in terms of referrals.

The Chairman thanked the Business Manager, LSCB and asked Members for their questions on the presentation.

Members and asked questions relating to: information sharing including with GPs; how those at risk of suicide, not known to via the Criminal Justice System or Mental Health professionals would be identified; what legal powers were available to a SCR; the number of ongoing SCRs in County Durham; and the merits in anonymising SCR reports, given the press were likely to identify the individual.

The Business Manager, LSCB noted that in 2010, the percentage of GPs involved and sharing information was 6%, currently the percentage was 43%, heading in the right direction, and work was ongoing with the Lead GP for Safeguarding from each of the the Clinical Commissioning Groups (CCGs). Councillor M Smith noted that engagement with GPs had improved over the last 10 years, with work still to be done, however agreed that it was moving in the right direction. Councillor J Hart added that in his experience, information sharing was key and asked if there was a need for legislation to improve this. The Business Manager, LSCB noted a lot of work had been done locally to inform professionals that in cases of this nature then information should be shared, with child safety being more important than data protection. It was added that professionals needed support in being able to come forward with information and that often there were complex situations that they would then require help and advice. The Head of Children's Services added that from next week a Multiagency Safeguarding Hub was being launched and would be able to share information in cases of referrals within 24 hours, and even within 4 hours in extreme cases.

The Business Manager, LSCB explained that SCRs involving suicides where individuals were not known to services often showed examples of self-harm, and also cases could be looked at outside of the SCR process if they did not meet the criteria. It was added that the SCR itself did not have any legal powers as such, however, there was a responsibility and duty to carry them out and to call people to give evidence to the SCR, though there was no ability to compel people to give evidence. It was explained that at present there were five ongoing SCRs in County Durham.

Councillors were informed that there was a duty to anonymise the SCR reports, although it was often the case that the press could identify individuals via any criminal cases connected to the incident.

Resolved:

That the report and presentation be noted.

7 Special Educational Needs and Disabilities Reforms

The Chairman thanked the Strategic Manager, Special Educational Needs and Disabilities (SEND) and Inclusion, Children and Adults Services, Jane Le Sage and the Lead Officer, SEND, Children and Adults Services, Derek Sayer who were in attendance to give a presentation on SEND reforms (for copy see file of minutes).

The Strategic Manager, SEND and Inclusion explained that the reforms were driven by the Children and Families Act 2014 and the Care Act 2014 and were about how Local Authorities would meet the needs of children with special educational needs and disabilities. The aims of the reforms were to increase the involvement of parents and carers in decisions and also increase the choice available and improve transparency. It was noted that a brief summary of the reforms was:

- There was a duty on Local Authorities to produce a “Local Offer” and a central point of contact for impartial advice.
- Emphasis on Schools to support children with SEND using a graduated response to meeting their needs.
- A new 0-25 years coordinated assessment process and single Education, Health and Care (EHC) Plan which replaces the current statutory assessments.
- The option of a personal budget for all families with children with an EHC Plan.
- A new duty on health and social care to provide services detailed in EHC Plans.
- Parents should engage in mediation before lodging an appeal to tribunal.
- Strengthening of the duty to jointly commission services.
- From April 2015 young people in custody have the right to request statutory assessment.

The Lead Officer, SEND explained that the Local Offer in County Durham had progressed significantly and the website developed had been acknowledged as an example of good practice. It was noted that the Local Offer was co-produced with children, young people, parents, carers and all partners and there had been positive feedback from parents at their annual conference. It was explained that future plans included: the further development of the youth offer; a “you said, we did” page as regards feedback; and to support schools to ensure that their websites were compliant, .

The Committee was shown a diagram relating to the graduated response to Social, Emotional and Mental Health (SEMH) and noted that support systems were in place for schools via SEND and Inclusion Officers, specialist thematic panels; training and published guidance. It was added that there was work with parents and young people regarding support plans and help in moving towards EHC Plans, all needing to be completed by April 2018. It was noted that the number of requests for EHC Assessments in County Durham was higher than the national average, though the number for the first quarter this year was fewer than the previous year. Members were given an example of a case, where a young person had produced a PowerPoint presentation, then gave the presentation at his Statutory Annual Review meeting,. It was noted that the presentation helped the young person to identify their strong points, areas that gave them concern and targets they wished to work towards. Other examples of work undertaken by young people that may not have the confidence to present in front of others included having video recordings where the young person can put forward their opinions, giving them a voice.

It was noted as regards Personal Budgets, there had been no formal requests from those in Durham with an EHC Plan in place, however, it was a statutory responsibility to provide guidance. The Lead Officer, SEND noted that restructuring of the SEN Placement and Provision Team had strengthened casework focus, and action had been taken to amalgamate the SEND Management Framework across Early Years, Improving Progression and SEN Services. It was added that SEND Inclusion Officers were supporting schools in the reforms and a regional accredited training programme was being developed.

The Strategic Manager, SEND and Inclusion noted she had met with the Lead Advisor on the Reforms from the DfE and there was a clear steer from the DfE as regards: increased parental choice and control through personal budgets; revised Code in respect of young people with SEND in Young Offenders Institutions; focusing on quality EHC Plans; looking at what measures are being taken to engage with young people to mainstream their views, especially where those views differ from parents; and compliance with statutory guidance for the Local Offer and SEND Information Report. Councillors noted that further developments in Durham included: a bid for Durham to be the regional lead for the SEND Peer Network; a "Year 1" external evaluation to be commissioned for summer 2015; further integration regarding 0-25 years in 2017; development of a Quality Assurance framework; more work on the Local Offer; ongoing support for schools and partner organisations; and development of an accredited course for casework staff and e-learning courses.

The Chairman thanked the Strategic Manager, SEND and Inclusion and the Lead Officer, SEND and asked Members for their questions on their presentation.

Members and asked questions relating to: any negative feedback received as regards reforms; whether Academies were offered the same support as other schools; the graduated approach to assessments up to age 25; how young people in custody would know that they had the right to an assessment; how long it would take to have a EHC Plan developed, noting the old Statement process could take around 20 weeks; and how funding was released to schools in terms of EHC Plans; and what the implications were of Durham leading on the SEND Peer Network, could we recharge for training for example.

The Strategic Manager, SEND and Inclusion explained that the "you said, we did" page on the website would feature all feedback and actions, though the response from schools and Further Education providers was welcoming the approach, however, concerns were noted as regards the amount of paperwork. It was added that Academies were treated the same as other Local Authority maintained schools in respect of SEND reforms and support.

It was explained that, in terms of assessments, there was a need to manage expectations as if the level of support through the education years is high there would be need to ensure a smooth transition to adult services, where support would be reduced.

The Lead Officer, SEND noted that the County Durham Youth Offending Team were aware of the new reforms and the ability for young people in custody to ask to be assessed, they would also look at post-detention provision and it was added that the young person, corporate parent or manager at the secure setting could ask for the statutory assessment.

The Strategic Manager, SEND and Inclusion noted that it was important to empower the professionals such that they are able to speak in usable language as regards assessing the need, if any, for a statutory assessment. It was added that while the time taken to produce EHC Plans varied, 64% were completed within 14 weeks, hopefully with the completion time to decrease as capacity increases.

The Lead Officer, SEND noted school funding reforms in 2013 and added that top-up funding would be made available “quickly” and the funding would follow the child.

Resolved:

That the report and presentation be noted.

8 Update of Alcohol and Substance Misuse by Young People Review

The Chairman thanked the Alcohol Harm Reduction Coordinator, Children and Adults Services, Kirsty Wilkinson who was in attendance to give a update on the recommendations on the Alcohol and Substance Misuse by Young People Review (for copy see file of minutes).

The Alcohol Harm Reduction Coordinator explained that Head Teachers had been made aware of the Overview and Scrutiny Review, the Durham Learning Gateway had relevant information made available and work was also being undertaken with parents. It was added that the training with Area Action Partnerships (AAPs) had not yet taken place, currently awaiting the outcome of the procurement process for a new service, although it was noted that some AAPs had looked to 4Real or the Alcohol Harm Reduction Team as regards information and training.

Members learned that there had been more referrals with the University Hospital of North Durham (UHND) and there was a need to ensure that there was not “a dip” when the new service provided by Lifeline came into effect in April. It was noted that work would be undertaken to liaise with hospitals in Sunderland and Hartlepool. It was explained that a group of parents had been involved in developing a leaflet with the Wear Community Alcohol Partnership and that had been made available to schools for use on their websites and being used in producing text messages from schools to parents.

The Committee noted that the Director of Public Health for County Durham, Anna Lynch, had written to the Home Office in respect of current licensing legislation and the need for it to be strengthened. It was noted that the response had said to “use existing legislation more effectively”, however the North East Alcohol Office, Balance, would continue to lobby for change to alcohol licensing and alcohol advertising. Members were informed that the “Think Family” approach was being used, with Children’s Services incorporating the AUDIT tool in their assessment paperwork and appropriate training was being provided for frontline Children’s Services staff.

The Chairman thanked the Alcohol Harm Reduction Coordinator and asked Members for their questions on the update.

The Committee asked questions in relation to: links to Public Health, Planning and Licensing; and whether there would be links developed with Darlington Hospital in addition to UHND, Sunderland and Hartlepool.

The Alcohol Harm Reduction Coordinator noted that further work needed to be done in respect of planning and licensing, however in a lot of cases, and where there was no responsibly authority objecting, effective use of conditions within permissions was the best approach. It was added that there were good links to the hospital at Darlington, however, it was noted as regards working in respect of the new service referrals.

Resolved:

That the update report be noted.

9 Verbal Update on Review of Self-harm

The Overview and Scrutiny Officer noted that further to the update, the report was in the process of being finalised and the draft would be circulated to Members for comment via e-mail, for Committee to consider at its meeting to be held 2 April 2015.

The Chairman asked if there were any questions. There were no questions raised.

Resolved:

That the verbal update be noted.

10 Summary of Minutes from Children and Families Partnership

The Committee considered the minutes of the Children and Families Partnership on 15 December 2014 (for copies see file of minutes).

Resolved:

That the minutes be noted.

**Children & Young People's
Overview and Scrutiny Committee**

2 April 2015

Innovations Programme



Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

- 1 The purpose of this report is to introduce to members of the Children and Young People's Overview and Scrutiny Committee a presentation on the governments Innovation Programme. The presentation will be given by Carole Payne, Head of Children's Services.

Background

- 2 The Department for Education (DfE) launched the Innovation Programme in October 2013 to act as a catalyst for developing more effective ways of supporting vulnerable children. The programme is seeking to inspire whole system change so that in five years the following will be achieved:
 - Better life chances for children receiving help from the social care system;
 - Stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches;
 - Better value for money across children's social care.
- 3 The programme has identified two key areas where there are particular challenges in prevailing practice and clear scope for radical innovation and change. These are:
 - Rethinking children's social work; and
 - Rethinking support for adolescents in or on the edge of care.

Detail

- 4 The presentation will address how the innovation programme will be used to develop more effective ways of supporting vulnerable children in County Durham covering the following areas:
 - The purpose of the Innovation Fund
 - The problems it seeks to address
 - The progress Durham County Council has already made
 - The actions that will be taken
 - The outcomes that will be achieved

Recommendation

- 5 The Children and Young People's Overview and Scrutiny Committee are asked to:
- a) Receive the presentation and comment accordingly;
 - b) Receive progress update at a future date.

Background Papers

None

Contact: Carole Payne, Head of Children's Services carole.payne@durham.gov.uk
Ann Whitton, Overview & Scrutiny Officer, Tel: 03000 268143, email:
ann.whitton@durham.gov.uk

Appendix 1: Implications

Finance – None

Staffing – None

Risk – None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation – None

Crime and Disorder – None

Human Rights – None

Consultation – None

Procurement – None

Disability Issues – None

Legal Implications – None

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**Children and Young People's
Overview and Scrutiny Committee**

2 April 2015

Quarter 3 2014/15

Performance Management Report



Report of Corporate Management Team

Lorraine O'Donnell, Assistant Chief Executive

Councillor Simon Henig, Leader

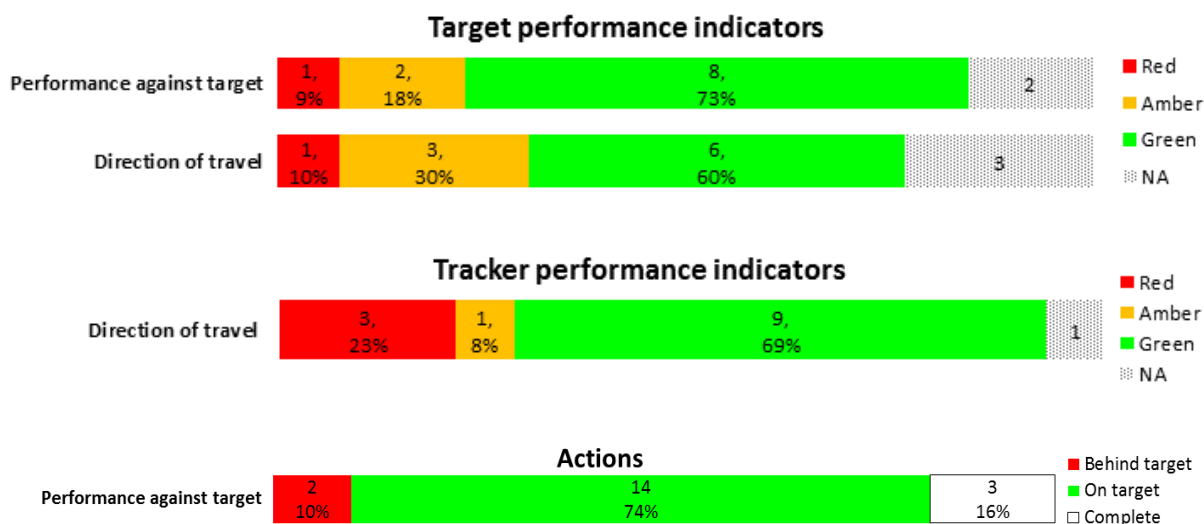
Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators for the Altogether Better for Children and Young People theme and report other significant performance issues for the third quarter of 2014/15 covering the period October to December 2014.

Background

2. The report sets out an overview of performance and progress for the Altogether Better for Children and Young People priority theme. Key performance indicator progress is reported against two indicator types which comprise of:
 - a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
 - b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).
3. The report continues to incorporate a stronger focus on volume measures in our performance framework. This allows us to better quantify productivity and to monitor the effects of reductions in resources and changes in volume of activity. Charts detailing some of the key volume measures which form part of the council's corporate basket of performance indicators are presented in Appendix 4.

Altogether Better for Children and Young People: Overview



Council Performance

4. Key achievements this quarter include:

- a. Confirmation of high levels of educational achievement. Final data for the 2013/14 academic year show that 57.6% of pupils achieved five or more A*-C GCSEs or equivalent including English and maths. Durham's performance is better than the national (56.6%) and North East (54.6%) averages. There has been a change in GCSEs from September 2013 in that a pupil's first entry in a particular subject will count towards performance figures when before their best result counted, as many pupils sat exams more than once. In 2014 a significant number of qualifications which had previously counted towards the attainment of five or more A*-C GCSEs are no longer eligible. This means that past data is not comparable. In terms of A levels, final data for the 2013/14 academic year indicate that 98.7% of pupils achieved two A levels at grade A*-E (level 3) or equivalent. This is achieving the target of 98.5% and is better than the 2013/14 academic year national (98%) and regional (98.4%) averages. Performance is similar to 98.9% in the previous year.
- b. The achievement gap between pupils eligible for pupil premium and pupils not eligible is narrowing. Final data for the 2013/14 academic year show that 84.9% of Durham pupils not eligible for pupil premium funding achieved level 4 in reading, writing and maths at key stage 2 compared to 69% of pupils eligible for pupil premium funding, which resulted in an achievement gap of 15.9 percentage points (ppts). The gap has narrowed from 21ppts in the previous year and is in line with the 2013/14 academic year national performance of 16ppts. 67.5% of Durham pupils not eligible for pupil premium funding achieved five A*-C GCSEs including English and maths at key stage 4 compared to 38.3% of pupils eligible for pupil premium funding, which resulted in an achievement gap of 29.2 ppts. This gap has narrowed slightly from 30 ppts in the previous year.
- c. Final data for the 2013/14 academic year indicate that 56.7% of pupils in the early years foundation stage achieved a good level of development, which is a significant improvement from 41.9% in the previous year. Performance is better than the 2013/14 academic year averages for the North East and

statistical neighbours, both of which are 56%. National performance is 60% and the gap between Durham and the national rate has narrowed from ten ppts to three ppts.

- d. The Stronger Families Programme aims to assist individual(s) in a family achieve reductions in crime/anti-social behaviour, improved school attendance or moving back into employment as set out in the Department for Communities and Local Government's Troubled Families Programme Financial Framework (March 2012). As of October 2014, 932 families have had a successful intervention, which equates to 70.6% of County Durham's overall target of 1,320 families by May 2015. This has resulted in £841,800 of payment by results claims.
- e. The percentage of children in need referrals occurring within 12 months of the previous referral has reduced from 30.4% last year to 23.5% this period and is at the lowest level since 2012/13. The level is also now in line with national and regional levels (see Appendix 4, Chart 1).
- f. Tracker indicators show:
 - i. Data for October to December 2014 indicate that 6.5% of 16 to 18 year olds were not in education, employment or training (NEET), which relates to approximately 1,018 young people. This is an improvement when compared to the same quarter of 2013 (7%) and is better than the North East (7.6%) and statistical neighbours (6.6%) averages for November 2013 to January 2014 (national measuring period) but worse than the national figure (5.3%). The percentage of 16 to 18 year olds whose status in relation to education, employment or training is not known was 4.4% at December 2014. This is better than the November 2013 to January 2014 averages for England (9.2%), North East (6.4%) and statistical neighbours (6.4%).
 - ii. The latest provisional quarterly under 18 conception rate data for July to September 2013 show the County Durham rate was 22 per 1,000 population (48 conceptions), which is a significant decrease from 31.8 during the corresponding period of the previous year and is the lowest number of conceptions during an individual quarter since monitoring commenced in 1998. The rate in County Durham is lower than the national (22.2), North East (26.2) and statistical neighbour (28.8) averages for July to September 2013.
 - iii. At 31 December 2014 there were 611 looked after children, which equates to a rate of 61 per 10,000 population. There has been a slight rise from 59.8 at the same point of the previous year, but Durham's rate is lower than the March 2014 averages for the North East and statistical neighbours (both 81) but slightly higher than the England rate (60) (see Appendix 4, Chart 2).
 - iv. At 31 December 2014 there were 360 children subject to a child protection plan, which equates to a rate of 35.9 per 10,000 population and is a reduction from 44.9 at the same point in the previous year. Performance is lower than the March 2014 England (42.1), North East (59.3) and statistical neighbour averages (54.8).

5. The key performance improvement issues for this theme are:

- a. Between April and December 2014, 248 out of 260 child protection cases were reviewed within timescale (95.4%). Performance is comparable with the same period in the previous year (95.5%) and is better than the 2013/14 England (94.6%) and statistical neighbour averages (94.9%). However it is lower than the regional average (96.8%) and has failed to achieve the target of 100%. During the most recent quarter (October to December 2014) all 182 reviews that were held were within the agreed timescale.
- b. Tracker indicators for the 2013/14 academic year show that 23.8% of children in reception (aged 4-5) were overweight or obese, which is an increase from 21.9% in the previous year. This is better than the North East (24.4%) and statistical neighbour (24.6%) averages but is higher than the national rate (22.5%). At Year six (aged 10-11), 36.1% of children were overweight or obese, which is a marginal increase from 35.9% in the previous year. This is consistent with the North East performance (36.1%) but is higher than national (33.5%) and statistical neighbour (35.2%) averages.

Childhood obesity is a complex public health priority for which there is no single solution. It therefore requires multiple layers of interventions to address the trend of increasing weight in our child population. At a countywide level this includes: continuing to tackle the social determinants of health such as income inequality and poverty, as there are strong links between poverty and access to healthy, affordable food; reducing the prevalence of fast food takeaways; and continuing to improve the built environment to increase the amount of safe cycle ways and pedestrian routes. Actions taking place to reduce childhood obesity include:

- i. The County Durham Healthy Weight Framework was implemented in November 2014 and is monitored through the multi-agency Healthy Weight Alliance. The framework sets out the strategic direction and actions to be undertaken over the coming years by all partners.
 - ii. Public Health continues to support schools to deliver against the national School Food Plan and works in partnership with schools to increase physical activity opportunities for young people.
 - iii. Public Health agreed the new contract with County Durham and Darlington Foundation Trust (CDDFT) in January 2015 to deliver the expanded Family Initiative Supporting Child Health programme as part of children's wellbeing. CDDFT will now recruit family health trainers to work with families who have children identified as overweight on issues such as food menus, budgeting skills and behaviour change plans.
- c. The key Council Plan actions which have not achieved target in this theme include:
- i. Development of an integrated approach across the council to enable communities and individuals to optimise their health and life opportunities has been amended from September 2014 to September 2015 to align with the timescales within the Joint Health and Wellbeing Strategy.

- ii. Adopting the council's approach to determining the distribution and range of fixed play equipment across the county has been delayed to allow for further consultation with regard to the impacts of the report.

6. There are no key risks in delivering the objectives of this theme.

Recommendation and Reasons

- 7. That the Children and Young People's Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.

Contact: Jenny Haworth, Head of Planning and Performance
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Appendix 1: Implications

Finance - Latest performance information is being used to inform corporate, service and financial planning.

Staffing - Performance against a number of relevant corporate health PIs has been included to monitor staffing issues.

Risk - Reporting of significant risks and their interaction with performance is integrated into the quarterly monitoring report.

Equality and Diversity / Public Sector Equality Duty - Corporate health PIs are monitored as part of the performance monitoring process.

Accommodation - Not applicable

Crime and Disorder - A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

Disability Issues - Employees with a disability are monitored as part of the performance monitoring process.

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Performance Indicators:

Direction of travel

Performance against target

Latest reported data have improved from comparable period

GREEN

Performance better than target

Latest reported data remain in line with comparable period

AMBER

Getting there - performance approaching target (within 2%)

Latest reported data have deteriorated from comparable period

RED

Performance >2% behind target

Actions:

WHITE

Complete (Action achieved by deadline/achieved ahead of deadline)

GREEN

Action on track to be achieved by the deadline

RED

Action not achieved by the deadline/unlikely to be achieved by the deadline

Benchmarking:

GREEN

Performance better than other authorities based on latest benchmarking information available

AMBER

Performance in line with other authorities based on latest benchmarking information available

RED

Performance worse than other authorities based on latest benchmarking information available

Appendix 3: Summary of Key Performance Indicators

Page 30
Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Better for Children and Young People											
17	CASCYP 15	Percentage of children in the early years foundation stage achieving a good level of development	57	2013/14 ac yr	48	GREEN	42	GREEN	60	56**	2013/14 ac yr
18	CASCYP6	Achievement gap between Durham pupils eligible for pupil premium and Durham pupils not eligible for pupil premium funding achieving level 4 in reading, writing and maths at key stage 2 (percentage points)	15.9	2013/14 ac yr	20.5	GREEN	21.0	GREEN	16.0		2013/14 ac yr
									GREEN		
19	CASCYP4	Percentage of pupils achieving five or more A*-C grades at GCSE or equivalent including English and maths	57.6	2013/14 ac yr	NA	NA [1]	Definition change	NA [1]	56.6	54.6*	2013/14 ac yr
20	CASCYP7	Achievement gap between Durham pupils eligible for pupil premium and Durham pupils not eligible for pupil premium funding achieving five A*-C GCSE's including English and maths at key stage 4 (percentage points)	29.2	2013/14 ac yr	29.5	GREEN	30.0	GREEN			

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
21	CASCYP5	Percentage of pupils on level 3 programmes in community secondary schools achieving two A levels at grade A*-E or equivalent	98.7	2013/14 ac yr	98.5	GREEN	98.9	AMBER	98.0 GREEN	98.4* GREEN	2013/14 ac yr
22	CASCYP2	Percentage of looked after children achieving five A*-C GCSEs (or equivalent) at key stage 4 (including English and maths)	11.6	2013/14 ac yr (provisional)	NA	NA [1]	Definition change	NA [1]			
23	CASAS5	First time entrants to the youth justice system aged 10 - 17 (per 100,000 population of 10-17 year olds) (Also in Altogether Safer)	358	Apr - Dec 2014 (provisional)	511	GREEN	365	GREEN			
24	CASCYP8	Percentage of mothers smoking at time of delivery	19.9	Jul - Sep 2014	20.5	GREEN	19.1	RED	11.5 RED	18.1* RED	Apr - Sep 2014
25	CASCYP 12	Percentage of child protection cases which were reviewed within required timescales	95.4	Apr - Dec 2014	100.0	RED	95.5	AMBER	94.6 GREEN	96.8* RED	2013/14
26	CASCYP9	Percentage of children in need referrals occurring within 12 months of previous referral	23.5	Apr - Dec 2014	28.0	GREEN	30.4	GREEN	23.4 RED	22.9* RED	2013/14
27	CASCYP 13	Parent/carer satisfaction with the help they received from Children's Services	66.7	Apr - Dec 2013	72.0	AMBER	67.9	AMBER			
28	CASCYP	Percentage of successful	70.6	Apr 2012 -	65.0	GREEN	23.6	Not	72.3	78.4*	As at Oct

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Page 32	14	interventions via the Stronger Families Programme		Oct 2014				comparable [2]	RED	RED	2014
29	CASCYP 11	Percentage of looked after children cases which were reviewed within required timescales	97.5	Apr - Dec 2014	97.8	AMBER	96.6	GREEN			

[\[1\] Due to changes to the definition data is not comparable](#)

[\[2\] Data cumulative year on year so comparisons are not applicable](#)

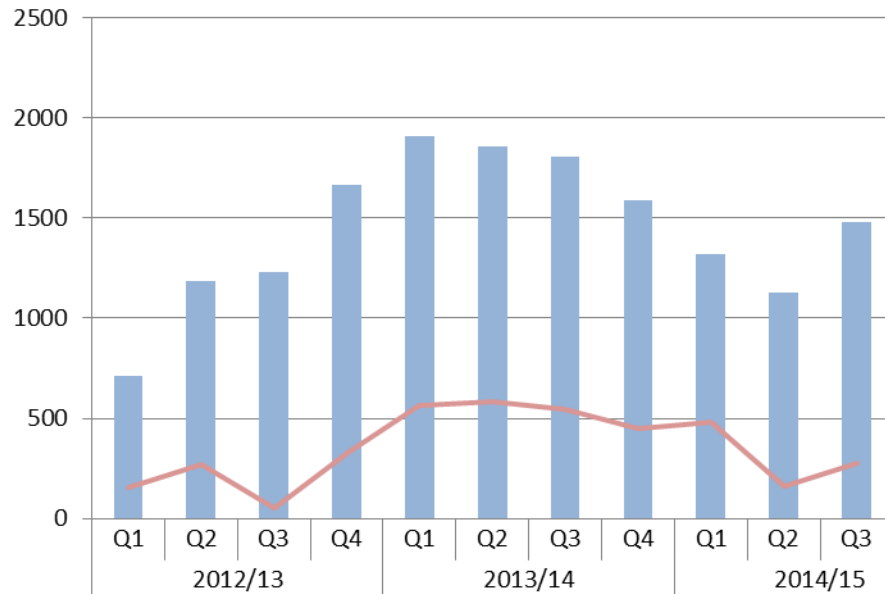
Table 2: Key Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Better for Children and Young People											
128	CAS CYP16	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	6.5	Oct - Dec 2014	14.2	GREEN	7.0	GREEN	5.3 Not comparable	6.6** Not comparable	Nov 2013 - Jan 2014
129	ACE016	Percentage of children in poverty (quarterly proxy measure) (Also in Altogether Better Council)	23.3	As at May 2014	23.6	AMBER	24.4	GREEN	17.6 RED	24* GREEN	As at May 2014
130	ACE017	Percentage of children in poverty (national annual measure) (Also in Altogether Better Council)	22.7	2012	23.0	GREEN	23.0	GREEN	18.9 RED	23.4* GREEN	2012
131	CAS CYP29	Proven re-offending by young people (who offend) in a 12 month period	36.9	Jan - Dec 2012	37.1	GREEN	41.4	GREEN	35.6 RED		Jan - Dec 2012
132	CAS CYP18	Percentage of children aged 4-5 years classified as overweight or obese (Also in Altogether Healthier)	23.8	2013/14 ac yr	21.9	RED	21.9	RED	22.5 RED	24.6** GREEN	2013/14 ac yr
Page 33	CAS CYP19	Percentage of children aged 10-11 years classified as overweight or obese (Also in Altogether Healthier)	36.1	2013/14 ac yr	35.9	AMBER	35.9	AMBER	33.5 RED	35.2** RED	2013/14 ac yr
	CAS	Under 18 conception rate	22.0	Jul - Sep	38.9	GREEN	31.8	GREEN	22.2	26.2*	Jul - Sep

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
	CYP20	per 1,000 girls aged 15-17		2013					GREEN	GREEN	2013
135	CAS CYP21	Under 16 conception rate per 1,000 girls aged 13 - 15	8.9	Jan - Dec 2012	7.7	RED	7.7	RED	5.6 RED	8.3** RED	Jan - Dec 2012
136	CAS CYP23	Emotional and behavioural health of looked after children	15.5	2013/14	16.1	GREEN	16.1	GREEN	14.0 RED	13.5** RED	2012/13
137	CAS CYP26	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)	504.8	2010/11 - 2012/13	561.8	GREEN	561.8	GREEN	352.3 RED	532.2* GREEN	2010/11 - 2012/13
138	CAS CYP27	Number of new referrals to Child and Adolescent Mental Health Services (CAMHS)	1,952	Apr - Dec 2014	1,205	NA	1,705	NA			
139	CAS CYP28	Rate of children with a child protection plan per 10,000 population	35.9	As at Dec 2014	38.4	GREEN	44.9	GREEN	42.1 GREEN	54.8** GREEN	As at Mar 2014
140	CAS CYP24	Rate of looked after children per 10,000 population	61.0	As at Dec 2014	61.0	AMBER	59.8	RED	60.0 RED	81* GREEN	As at Mar 2014
141	CAS CYP25	Prevalence of breastfeeding at 6-8 weeks from birth	27.7	Oct - Dec 2014	29.2	RED	27.3	GREEN	47.2 RED	28.1* RED	2012/13 (England) Jul - Sep 2014 (NE - Durham Darlington and Tees area team)

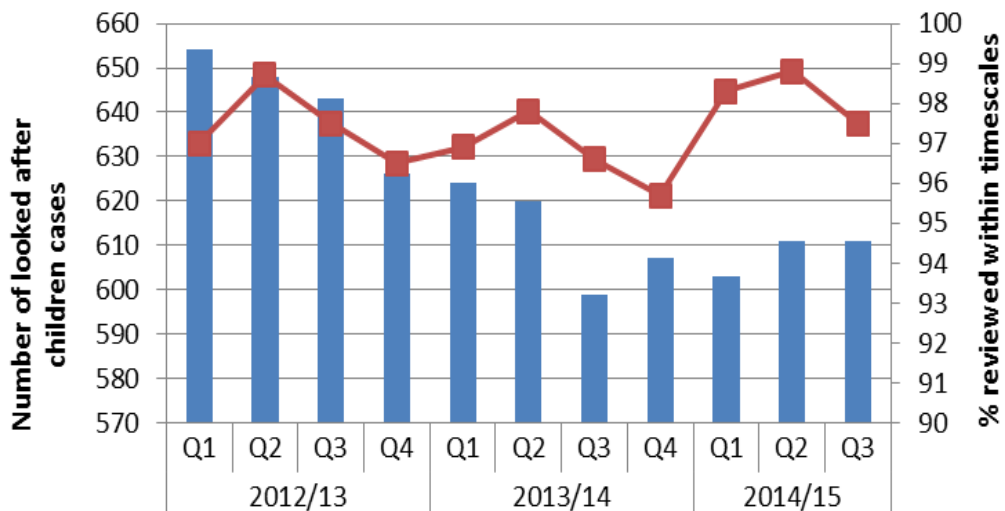
Appendix 4: Volume Measures Chart numbers

Chart 1 - Children in need referrals within 12 months of previous referral



Number of children in need referrals (quarterly)	710	1187	1232	1663	1911	1855	1807	1,590	1318	1130	1481
Number of Children in Need (CIN) referrals occurring within 12 months of previous referral (quarterly)	155	269	55	326	567	585	543	450	482	161	279

Chart 2 - Number of looked after children cases



Number of looked after children cases	654	648	643	626	624	620	599	607	603	611	611
% reviewed within timescales	97.0	98.7	97.5	96.5	96.9	97.8	96.6	95.7	98.3	98.8	97.5

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Children & Young people's Overview and Scrutiny Committee

March 2015



Stronger Families Update Report

Report of Rachael Shimmin, Corporate Director Children and Adult Services

Purpose of Report

To provide for Members with an update on the Stronger Families Programme, the local delivery for the national Troubled Families Programme. The presentation will be given by Rachel Hirst Dean, Think Family Services Strategic Manager, Children and Adult Services.

Background

1. The Troubled Families Programme locally known as Stronger Families was launched in April 2012 and is required to 'turn around' 1,320 families by 31st March 2015.
2. The Programme is designed to ensure that services work together to ensure positive outcomes for families. In Durham there is strong commitment to work towards transforming the way that services are delivered to families and that ownership and accountability for the success of the programme sits across the partnership.
3. The Department of Communities and Local Government (DCLG) continue to be pleased with Durham's progress both in its Payment By Results claims and the transformational work we are undertaking. This has resulted in Durham County Council becoming an 'Early Starter' into Phase 2 of the national Troubled Families Programme.

Progress and Learning

4. The implementation of the Stronger Families Programme and the requirement to ensure families on the programme achieve sustainable outcomes (60 % reduction in youth crime over a 6 month period, children achieving 85% or above school attendance for 3 consecutive terms, parents back into work) both require practitioners and services to effectively engage and work with families.

Number of families identified and engaged

5. As at the end of February 2015, the Stronger Families Programme has identified / worked with 1,840 families exceeding the programme's core target across the county.

Payment-by-Results

6. As at February 2015, the Stronger Families Programme has been successful in 'turning around' the lives of 1185 families in County Durham, equating to 91% of the target to be reached by March 2015 Durham is on trajectory to meet 100% of its target by May 2015.

Future planning - Next Steps

7. In August 2014, due to the successful implementation and delivery of Phase 1, Durham was invited to be one of the 50 Early Starters for Phase 2 of the Troubled Families Programme. This new phase includes much broader criteria with locally derived outcome measures.
8. As Durham moves into Phase 2 of the programme there is a very clear need to shift our focus to ensuring families are worked with in such a way that supports significant and sustained change. Should this not be achieved there are two clear risk outcomes; one being the family not receiving effective support and therefore are failing to achieve improved outcomes and the second being the financial implications for the service if we are unable to meet the Payment by Results (PBR) measures.
9. Phase 2 will be delivered over a 5 year time period and Durham will have 4330 families to work with within this period.
10. As part of being an early starter Durham was asked to deliver work to an additional 650 families by March 2015. Durham has also been invited to take part in the design and development of Phase 2 ready for national implementation in April 2015.
11. Phase 2 will have a greater focus on localised results but there will be 6 main eligibility criteria of which a family must meet two to be included on the programme;
 1. **Parents and children involved in crime or antisocial behaviour**
 2. **Children who have not been attending school regularly**
 3. **Children who need help**
 4. **Adults who are out of work or are at risk of financial exclusion and young people at risk of worklessness**
 5. **Families affected by domestic violence and abuse**
 6. **Parents and children with a range of health problems**

12. There will be a strong focus on health services for Phase 2 in Durham to reflect the new eligibility criteria and also findings from Phase 1. The national interim report 'Understanding Troubled Families' published in July 2014 by The Department for Communities and Local Government showed that nationally 71% of the Troubled Families cohort have poor health, 46% having a mental health problem and 32% a long standing illness or disability. What is also worrying is the level at which this is found in the children in these households – with over a third of children suffering from mental health problems and a fifth a long standing illness or disability.
13. All early starters were required to produce an outcome plan for DCLG with intended outputs and measures for the six new criteria. In Durham, this Plan, which is a working document was developed in a series of task and finish workshops via the Think Family Partnership and with strong support from many of our key contacts across the partnership.
14. Durham's plan has been selected by the DCLG along with 4 other Local Authorities to be used as an exemplar model for national roll out from April 2015.
15. During Phase 2, there will be a greater focus on evaluation and tracking of outcomes. Evaluation at a national level is being conducted by ECORYS and programmes are asked to support this in three key areas;

1 - Family Monitoring Data (FMD)

16. All programmes are required to gather and submit additional data on a minimum 10% of randomly-selected families. The FMD collects anonymised data on the characteristics and problems faced by families and evaluates changes over time (e.g. from entry to the programme to being 'turned around'). The data is based upon Lead Professional / Key worker intelligence of the family.
17. Data is submitted to the national evaluation team twice-yearly (July and December). The Think Family Team will be implementing a process of routinely collecting this information from Lead Professionals on an on-going basis from September 2014.

2 - National Impact Study (NIS)

18. This study involves participating programmes sharing personal information (e.g. names, DOBs, postcodes) of those family members engaged by the programme, as well a control group of those that did not engage with the programme.
19. This information will allow the national evaluation team to assess the impact of the Programme against its objectives.

3 - Cost Saving Calculator (CSC)

20. The CSC is an online cost benefit analysis tool designed specifically for Troubled Families Programmes. Durham County Council and partners can use the tool to identify benefits deriving from the work of the programme. The tool includes a reporting facility that will provide fiscal savings as a result of the programme's work.
21. The cost calculator will enable us to analyse future savings and evaluate the impact on services across the County Durham Partnership.

22. Workforce Development

23. We will continue to use this programme drive and embed the Early Help and Think Family ethos across Durham. Over the last few years the work of the Think Family Services Team has included direct workforce development and training with a broad range of practitioners across the County Durham Partnership, 1:1 mentoring by the Think Family Partnership Mentors, case file audits, family monitoring data collection and an extensive baseline data exercise as well as the quarterly payment by results exercise. Stronger Families has significantly contributed to the design and delivery of transformation training programme across Children's Services.
24. A Think Family Workforce Plan has been developed and is being delivered in partnership with a range of key partners steered by the Think Family Workforce Development work stream (a sub group of the Think Family partnership). This piece of work won a national Children Young People Now award in November 2014.

Delivering the programme- Phase 2

25. Durham's target number of families for Phase 2 is in excess of four times the number of Phase 1. The new criteria is so general that we anticipate that almost every family in receipt of level 3 services and above will qualify.
26. The 4000+ families target in Phase 2 alongside our plans to include all families with an additional need (step 3 and above on the Durham staircase model) means that the majority of families held by our practitioners in Children's Services will be included in the programme. This will allow us to really embed the Think Family ethos in to everyday practice within our services. It will however mean a much greater level of support and monitoring is needed for a many more practitioners and services.
27. We must ensure must ensure practitioners across the partnership are turning families around and delivering results. Although we have made huge steps in driving this work forward there is still a long journey ahead to embed the practice needed to ensure positive outcomes for the children and families we are working with.

28. Durham's Chief Constable is now the ACPO (Association of Chief Police Officers) national lead for the Troubled Families Programme which will strengthen our partnership but may also subject Durham's Stronger Family programme to additional national interest and scrutiny. Funding to match resources within Durham Constabulary has also been agreed for Phase 2. This resource will allow our colleagues within the constabulary to free up time of various staff to work directly on the Stronger Families Programme. This includes them taking a lead on the development of the cost calculator and research and analysis time for Stronger Families cohort.
29. The funding in Phase 2 is also enabling us mitigate impact of budget reductions and sustain services which may otherwise be cut. An example of this is the NEET (not in education employment or training) service which delivers support to children and young people in Durham and without contribution would not be sustainable.
30. Targeting worklessness has been a main eligibility criterion for Phase 1 and continues to be so in Phase 2. The achievement of a sustainable job outcome within this programme allows for an automatic claim for a 'turned around family'.
31. The funding has also supported colleagues in partner services such as Regeneration and economic Development, CAMHS (child and adolescent mental health services), and Neighbourhoods. The transformation programme within Children's Services has also been supported, the extra resource this has provided has enabled Think Family Practice to be embedded at an accelerated rate and has allowed frontline teams extra capacity to identify and target our most vulnerable families to offer early help and support.
32. Think Family Services is contributing 1 million pound to savings across the 4 year period 2016/17- 2019/20. To enable us to deliver successfully on the programme we need to ensure that both the reserves and the future payment by results funding is ring fenced to Think Family Services.
33. The success of Phase 1 in Durham and the early starter status means Phase 2 of Durham's delivery will be under scrutiny in the coming year and we need to ensure both our standard of delivery and our result remains at the high standard we have so far managed to achieve.

Recommendation

34. The members of the Children and Young People's Overview and Scrutiny Committee are requested to note the content of the report and comment accordingly.

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Appendix 1: Implications

Finance – As set out in report

Staffing – None

Risk – None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation – None

Crime and Disorder – None

Human Rights – None

Consultation – None

Procurement – None

Disability Issues – None

Legal Implications – None

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Children and Young People's Overview and Scrutiny Committee

2 April 2015



Quarter 3: Forecast of Revenue and Capital Outturn 2014/15 – Children and Adult Services

Report of Paul Darby, Head of Finance (Financial Services)

Purpose of the Report

- To provide the committee with details of the forecast outturn budget position for Children and Adult Services (CAS), highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2014, as reported to Cabinet 18 March 2014. The report focuses on the Children and Young People's services included in CAS.

Background

- County Council approved the Revenue and Capital budgets for 2014/15 at its meeting on 26 February 2014. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:
 - CAS Revenue Budget - £251.732 (original £275.232m)
 - CAS Capital Programme – £62.976m (original £74.322m)
- The original CAS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£'000
Original Budget	275,232
Transfers to other services	(909)
Purchase of annual leave reduction	(103)
Car mileage reduction	(89)
Use of (+)/contribution to Corporate reserves (-)	(15,990)
Use of (+)/contribution to CAS earmarked reserves (-)	(6,475)
Revised Budget Excluding Sums OS Cash Limit	251,666
Sums Treated as Outside the Cash Limit	66
Revised Budget	251,732

4. The use of / (contribution) to corporate and CAS earmarked reserves consists of:

Reserve	£'000
Corporate Demographics Reserve	(15,900)
Corporate other	(24)
Social Care Reserve	(4,830)
CPD Reserve	5
Special Reserve	23
Education Reserve	(1,262)
Public Health GRT Reserve	88
Public Health Assets Reserve	42
Public Health Redundancy Reserve	15
Secure Services Trading Reserve	360
Tackling Troubled Families Reserve	(916)
Total	(22,399)

5. The summary financial statements contained in the report cover the financial year 2014/15 and show: -
- The approved annual budget;
 - The actual income and expenditure as recorded in the Council's financial management system;
 - The variance between the annual budget and the forecast outturn;
 - For the CAS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

6. The CAS service reported a balanced cash limit position against a revised budget of £251.732m at the end of quarter 3. The cash limit outturn is net of a £15.15m contribution to the Corporate Demographics / Hyper Inflation Reserve to offset and delay MTFP pressures in future years.
7. The tables below show the revised annual budget, actual expenditure to 31 December 2014 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for CAS, and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Employees	113,922	82,290	110,627	(3,295)	-	(3,295)
Premises	8,318	3,723	8,177	(141)	(66)	(207)
Transport	18,279	11,568	17,440	(839)	-	(839)
Supplies & Services	20,326	21,232	18,359	(1,967)	-	(1,967)
Third Party Payments	194,296	134,379	184,914	(9,382)	-	(9,382)
Transfer Payments	11,981	8,935	11,118	(863)	-	(863)
Central Support & Capital	49,662	22,880	66,636	16,974	-	16,974
Income	(165,118)	(118,100)	(165,539)	(421)	-	(421)
Total	251,666	166,907	251,732	66	(66)	-

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Adult Care	137,856	101,884	131,357	(6,499)	-	(6,499)
Central/Other	(4,035)	381	10,849	14,884	-	14,884
Commissioning	1,663	(1,085)	(1,624)	(3,287)	-	(3,287)
Planning & Service Strategy	11,342	7,398	10,775	(567)	-	(567)
Central Charges (CYPS)	6,375	(707)	6,375	-	-	-
Childrens Services	59,716	41,408	56,385	(3,331)	-	(3,331)
Education	38,435	18,702	37,301	(1,134)	(66)	(1,200)
Public Health	314	(1,074)	314	-	-	-
	-	-	-	-	-	-
	251,666	166,907	251,732	66	(66)	-

8. The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service for those areas which relate to the Children's area of the service, which is of specific interest to the Children's Overview and Scrutiny Committee. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash limit Variance £000
Childrens Services		
Aycliffe Conference Centre & Site Wide Costs	Projected shortfall on income at the Conference Centre of £18K associated with lower than anticipated use of the centre for training courses.	23
Child Protection & Disability Services	Expenditure on court fees is projected to be (£227K) less than budgeted due to less care proceedings than forecast. Under budget on Direct Payments resulting from an increase in projected refunds of following audits of Direct Payments .	(339)
Childrens Services Reform	Early appointment of the newly created Children's Services Reform Strategic Manager. This post is funded in full in 2015-16.	31
External Agency Placements Central Recharges & SLAs	Savings on management / staffing costs, linked to MTFP saving in 2015-16). Transport forecast under budget (£350K) resulting from reduced demand as a consequence of successful implementation of the LAC Reduction Strategy. Saving from lower budget activity in secure remand beds in 2014-15.	(533)
First Contact & Intervention	Primarily vacancies from the 4 Real Service. NB this service will be undertaken as part of the Drug Recovery and Substance Misuse contract which has been recommissioned by Public Health in 2015-16.	(107)
Head of Service	There is an anticipated under spend on supplies budgets in this area.	(20)
Looked After & Permanence	<p>Projected saving on Employees of (£237K) from vacancies and the closure of 5 Brough Close at the end of 2014.</p> <p>Expenditure on Supplies and Services is projected to be over budget by £199K including approved additional expenditure on advertising for foster carers in the last Quarter of the financial year.</p> <p>Net saving resulting from successfully caring for children in lower cost in house foster provision as opposed to IFA's.(£799K).</p> <p>Income is forecast to over recover by (£313K) including a one off refund of £200K from an external adoption agency for non-compliance with a contract –combined with additional income from the sale of fostering and adoptive placements in 2015-16.</p>	(1,048)
One Point Service	Income levels are expected to exceed budget by £500k, primarily linked to shared accommodation costs and recharges to County Durham and Darlington Foundation Trust for occupation of Children's Centres and to Youth and Community	(1,111)

Service Area	Description	Cash limit Variance £000
	<p>groups and with schools.</p> <p>Staffing expenditure will be lower than budget by approximately £230k due to vacancies</p> <p>Costs associated with Children's Centre are anticipated to come in under budget by £190k due in part to revised arrangements and additional use of community venues.</p> <p>Activity budgets will also be under budget by around £190k.</p>	
Secure Services	<p>Secure Services operates as a Trading Account, the net variance balances to zero but there is a projected deficit of £360K expected in 2014-15. The budget has been revised to reflect the deficit and the £360K will need to be transferred from the Secure Services Reserve at the end of 2014-15 primarily the deficit in Secure Services relates to outstanding payment for repairs and maintenance for the 2 years following the opening of the new Secure Services building, additional management costs and agency staff costs. Welfare bed occupancy has increased since quarter 2 and is expected to be in line with budget at outturn.</p>	-
Think Family Service	<p>Vacancies across Family Pathfinder teams are forecast to deliver savings of £44k against staffing budgets.</p> <p>Tackling Troubled Families, is grant funded, expenditure and income is managed through an earmarked reserve and does not therefore impact on the cash limit position.</p>	(44)
Youth Offending Service	<p>Staffing expenditure is anticipated to be lower than budget by £117k due to vacancies. There is also an under spend relating to staff travel of £32k.</p> <p>There is also forecast to be additional income above budget of £22k.</p> <p>These two areas help to offset a forecast overspend on remand costs of £40k.</p>	(131)
Youth Service	<p>There is an under spend against budget relating to staffing vacancies.</p>	(51)
		(3,330)
Commissioning		
Adult Care / Other	<p>£4k over budget on employees</p> <p>£145k under budget on car mileage and transport for service users</p> <p>£187k under budget on supplies and services / other</p> <p>£2,795k under budget on agency and contracted services, mainly in respect of under spends on non-assessed services/one-off funds</p> <p>£9k net over achievement on income</p>	(3,132)

Service Area	Description	Cash limit Variance £000
Financial Services	<p>£71k under budget on employees due to vacant posts</p> <p>£29k under budget on transport, mainly in respect of a new assessment process</p> <p>£6k over budget on supplies and services</p> <p>£60k additional income mainly in respect of financial protection</p>	(154)
		(3,286)
Education		
Progression and Learning	<p>Durham Education Business Partnership is now forecast to be on target with an improved forecast of income levels in comparison with Q2.</p> <p>The Adult Learning service is funded from grant that is allocated on an academic year basis. Any funds not used by the end of March 2014 will be rolled forward to support expenditure in the Summer Term of the 2014/15 academic year and therefore the forecast outturn is in line with budget.</p> <p>The Improving Progression for Young People team are forecasting spend in line with budget.</p>	-
School Places and Admissions	<p>There is an under budget forecast of £152k in the School Places and Admissions Team relating to vacancies created by the early release of staff in connection with MTFP savings for 2015/16.</p> <p>A review of Home to School transport provision indicates an under spend of £215k for the financial year, mainly in respect of lower than anticipated expenditure on SEN contracts.</p> <p>A budget in relation to higher education pension liabilities also reports in this area and is expected to under spend by £100k.</p>	(467)
SEN and Disability and Inclusion	<p>An under budget of £111k is projected against employee budgets due to vacancies held in advance of required MTFP savings and restructure in the SEN Placement and Provision team.</p> <p>The main Educational Psychology service is anticipated to under spend by £190k due to increased income levels and the individual trading areas within EPS are forecast to produce a combined surplus of £84k, which will be held in a separate reserve.</p>	(295)
Support and Development	<p><u>Curriculum and Professional Development (CPD)</u> At quarter 2 there was planned use of £585k of CPD reserves. The latest forecast indicates £210k of this will be spent in 2014/15 and, alongside savings from staff vacancies and additional income of £200k, will produce a net overspend position of £5k, which will be funded from the CPD reserve.</p> <p><u>Education Development Service (EDS)</u> The forecast is to be under budget by £130k relating mainly to staffing.</p>	(438)

Service Area	Description	Cash limit Variance £000
	<p>There is also forecast to be a transfer to the Primary Swimming Reserve of £42k.</p> <p><u>Music Service</u> The corporate 3% turnover target of £63k will not be achieved and in addition weekend ensemble sessions costing £36k. These costs however are offset to some extent by other staff changes that will save £65k, resulting in an over spend against employee budgets of £34k.</p> <p>Income levels are expected to exceed budget by £35k, which should mean the service remains within budget.</p> <p><u>Early Years Team</u> Vacancies created by the early release of staff in relation to 2015/16 and 2016/17 MTFP savings are anticipated to result in an under budget position of £135k.</p> <p>There is also expected to be an under budget position of £68k across DCC Nursery providers.</p> <p><u>School and Governor Support Service</u> Income is anticipated to be in excess of budget as action has been taken to increase prices in advance of achieving MTFP savings of £109k for 2015/16.</p> <p><u>Durham Learning Resources</u> Income levels are anticipated to fall short of target by £43k, however expenditure on supplies and staffing has been reduced and the net over spend is forecast to be £6k.</p>	
		(1,200)
Planning & Service Strategy		
Performance & Information Mgt	<p>£69k under budget on employees due mainly to early achievement of MTFP savings £3k over budget on transport £16k under budget on supplies and services £22k under achievement of income</p>	(60)
Policy Planning & Partnerships	<p>£34k under budget on employees due mainly to early achievement of MTFP savings</p>	(34)
Service Quality & Development	<p>£179k under budget on employees mainly re early achievement of MTFP savings £15k over budget on transport £194k under budget on supplies and services/other £3k over achievement of income</p>	(361)
Service Support	<p>£80k under budget on employees mainly re early achievement of MTFP savings £33k under budget on supplies and services/other budgets</p>	(113)
		(568)

9. In summary, the service is on track to maintain spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2014/15 budgets, which for CAS in total amount to £12.430m.

Schools

10. The total delegated budget for maintained schools (including early years' providers) in 2014/15 is £249.045m. In addition, schools are estimated to receive around £19.690 in Pupil Premium income and £10.733m in other income.
11. Where schools spend more than their delegated budgets, the over spend reduces their accumulated balance. At 31 March 2014, 6 schools had a deficit balance totalling £0.960m, 12 schools were holding a balance of less than 2.5% of their overall funding and 240 schools had balances of more than 2.5% of their overall funding. Since then, five schools have closed and one has converted to an academy.
12. School reserves brought forward from 2013/14 were £24.684m. This balance is net of loans to schools and other balances not related to maintained schools. Maintained schools balances amounted to £25.280m, which has reduced to £25.022 following the closures and conversions in year. Based on updated budget plans approved by Governing bodies and updated forecasts, schools are currently planning to use £7.043 of these balances in 2014/15, compared to £5.205m as reported at quarter two.
13. The reduction in forecast balances reflects the fact that many schools do not make a full allocation of their budget at the start of the year and allocate funding as needs arise during the year. In addition, schools that have saved funding from previous years for capital projects may not allocate this until the project has been confirmed as proceeding. Around £800,000 of the change in forecasts relates to capital projects.
14. The forecast balances at 31 March 2015 are £17.980m (£19.817m at quarter two) and a summary of this forecast position is provided below:

Schools forecasting a surplus above 2.5% of funding						
	Nursery	PRU	Primary	Secondary	Special	Total
Number	12	-	195	9	7	223
Forecast	(£713,544)	-	(£15,360,989)	(£1,674,377)	(£1,491,241)	(£19,240,151)
Schools forecasting a surplus of less than 2.5% of funding						
	Nursery	PRU	Primary	Secondary	Special	Total
Number	-	-	15	4	1	20
Forecast	-	-	(£203,678)	(£316,812)	(31,877)	(£552,367)
Schools forecasting a deficit						

	Nursery	PRU	Primary	Secondary	Special	Total
Number	-	1	2	3	1	7
Forecast	-	£249,562	£98,719	£1,431,494	32,696	£1,812,471
Total						
	Nursery	PRU	Primary	Secondary	Special	Total
Number	12	1	212	16	9	250
Forecast	(£713,544)	£249,562	(£15,465,948)	(£559,695)	(£1,490,422)	(£17,980,047)

15. The main cause for concern remains with the secondary schools forecasting deficit balances at the end of the year. Officers from CAS and Financial Services are working with two of the schools to establish budget plans to clear their deficits. The third school is in this position because of a temporary reduction in pupil numbers and is expected to be in deficit for the next two financial years.

Capital Programme

16. The CAS capital programme was revised earlier in the year to take into account budget reprofiled from 2013/14 following the final accounts for that year. This increased the 2014/15 original budget. Further reports to Member Officer Working Group in year have detailed further revisions to the CAS capital programme, adjusting the base for grant additions/ reductions, budget transfers and budget profiling into later years. The revised capital budget currently totals **£62.98m**.
17. Summary financial performance to the end of December is shown below.

CAS -Service Area	2014-15 Total Budget	Actual Expenditure (31-12-14) £000	Remaining Budget
	£000	£000	£000
CAS - Adult Care	5,903	-	5,903
CAS - Commissioning	101	83	18
Planning & Service Strategy	40	13	27
CAS - Social Inclusion	18	-	18
SCP - LEP	23,379	15,572	7,807
Childrens Care	71	1	70
Early Intervention and Involvement	-	(5)	5
Early Years	692	227	465
Public Health	2,610	11	2,599
School Devolved Capital	4,619	2,281	2,338
School Related	24,268	8,652	15,616
Free School Meals Support	1,275	998	277
Total	62,976	27,833	35,143
% Annual Budget Expended to 31 December		44.2%	

18. **Appendix 2** provides a more detailed breakdown of spend across the major projects contained within the CAS Children's capital programme.

Recommendations:

19. It is recommended that Children and Young People's Overview and Scrutiny Members note the financial forecasts included in the report, which are summarised in the Quarter 3 forecast of outturn report to Cabinet in March.

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Andrew Baldwin – Finance Manager

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Appendix 1: Implications

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital projected outturn position.

Staffing

There are no implications associated with this report. Any over or under spending against the employee budgets are disclosed within the report.

Risk

The management of risk is intrinsic to good budgetary control. This report forms an important part of the governance arrangements within CAS. Through routine / regular monitoring of budgets and continual re-forecasting to year end the service grouping can ensure that it manages its finances within the cash envelope allocated to it.

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

Appendix 2: CAS 2014-15 Capital Programme

CAS -Service Area	2014-15 Total Budget	Actual Expenditure (31-12-14)	Remaining Budget
	£	£	£
Adult Care	5,903,212	-	5,903,212
CAS - Adult Care	5,903,212	-	5,903,212
Commissioning	100,700	83,054	17,647
CAS - Commissioning	100,700	83,054	17,647
Planning & Service Strategy	40,000	12,799	27,201
Planning & Service Strategy	40,000	12,799	27,201
Social Inclusion	17,673	-	17,673
CAS - Social Inclusion	17,673	-	17,673
PFI	786,870	828,808	(41,937)
BSF	22,592,158	14,743,250	7,848,909
SCP - LEP	23,379,028	15,572,057	7,806,971
CAS - Support For Childs Homes	67,142	-	67,142
CAS AAP Scheme	3,623	697	2,926
Childrens Care	70,765	697	70,068
PCT Co-Location	348	(4,582)	4,930
Early Intervention and Involvement	348	(4,582)	4,930
Increased Provision for Two Year Olds	691,846	227,389	464,458
Early Years	691,846	227,389	464,458
Public Health	1,860,180	1,406	1,858,774
Drugs Commissioning DACT	65,000	-	65,000
Drug & Alcohol Premises Upgrade	685,000	9,134	675,866
Public Health	2,610,180	10,540	2,599,640
School Devolved Capital	4,618,933	2,280,575	2,338,358
School Devolved Capital	4,618,933	2,280,575	2,338,358
DFE School Capital Inc Basic Need	18,573,218	5,763,053	12,810,165
DSG Structural Maintenance	4,486,171	3,020,014	1,466,157
School Modernisation	807,957	44,294	763,663
Childrens Access/Safeguarding	400,352	45,155	355,197
Prior Year Projects	-	(220,076)	220,076
School Related	24,267,698	8,652,440	15,615,258
Free School Meals Support	1,275,221	997,524	277,697
Free School Meals Support	1,275,221	997,524	277,697
	62,975,605	27,832,493	35,143,112

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Children & Young People's Overview and Scrutiny Committee

2 April 2015



Review of Self Harm by Young People

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose

1. The purpose of this report is to present the findings, conclusions and recommendations of the Children and Young People's Overview and Scrutiny Committee working group review report on Self Harm by Young People attached at appendix 2.

Background

2. The Children and Young People's Overview and Scrutiny Committee added Self-harm by Young People to its work programme following its refresh at their meeting in June 2014. Following their concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
3. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?
 - How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?

4. The committee set up a working group of 14 members and gathered evidence over six meetings from key parties including:
 - Public Health
 - Children & Adult Services
 - North of England Commissioning Support Unit
 - DDES CCG
 - North Durham CCG
 - Child & Adolescent Mental Health Services
 - School Nurses
 - Investing in Children
 - Disc Lesbian, Gay, Bisexual and Transgender Young People's Group
 - Representative from Framwellgate School Durham
 - Representative from Educational Psychologists Team
 - Representatives from Sunderland pact Support Group
 - Representative from Mental Health North East
 - Youth Leader and Young People from Bowburn Youth Club.

5. The review makes seven recommendations which can be found on page 17-18 of the attached report. They relate to:
 - internet safety;
 - development of information pages for parents/carers;
 - update and refresh of school policies on emotional health and wellbeing; and a reminder to governors of services that can be bought in which address emotional health and wellbeing;
 - consideration of how to engage with parents and carers to advise on the importance of good mental health and the warning signs.
 - consideration to a single multi-agency pathway and registry of self-harm;
 - consideration to the role youth workers/leaders can play in providing emotional and wellbeing support to young people in schools; and
 - Consideration to providing basic mental health and emotional wellbeing awareness training to all staff who regularly come into contact with young people.

Service Response

6. Children and Adult Services (CAS) and Public Health (PH) offer a joint response to this scrutiny, and welcome the report. Self harm by young people is a problem that is under-reported and which indicates a lack of emotional wellbeing that can foreshadow more serious issues.

7. The committee notes that emotional health and wellbeing, resilience and Child and Adolescent Mental Health strategies are under development. It is anticipated that these strategies will set out the actions to be taken by the Council and partners to ensure that services for young people and parents are in place, and are accessible.

8. The Health and Wellbeing Board and the Children, Young People and Families Partnership will receive these strategies and ensure that implementation and service commissioning matches strategic intentions.
9. Both CAS and PH welcome the emphasis given throughout the report to the voice of children and young people and the voice of parents. It is clear, that in the area of self harm, data are highly problematic and the clearest picture of the issue is often provided by those who experience it. Young people and parents are also best placed to advice on service access, to ensure that actions taken in response to the report are effective. All partnerships should note and mirror this approach.
10. CAS and PH recognise that internet safety is increasingly a key issue for young people. Schools regularly report that many of the disciplinary problems they now address result from mis-use of social media, particularly in relation to bullying. We have seen in the last year how easy it is for young people to form “association groups” around negative issues such as suicide and self harm, and how emotions following tragic events can be whipped up at the touch of a button. Although it is impossible to control social media, CAS and PH support efforts to limit its use in Council buildings and schools.
11. The scrutiny committee has highlighted an important issue in the lack of clear advice and guidance for young people and their parents. We support the committee in efforts to streamline this and provide simple routes to effective information.
12. Clearly schools have a critical role to play in this issue, and CAS and PH will support and recommendations for schools to update emotional health and wellbeing policies, to include information on what services and support is available.
13. CAS and PH note the recommendation relating to the use of youth workers, school nurses and health visitors in preventing young people engaging in self harm and supporting them when they do. Current approaches such as Team Around the School and Team around the Family can already provide this support, and an expansion of these approaches would be welcomed.
14. Similarly, the recommendation on training for all staff who come into contact with children and young people is welcomed.
15. Recommendation E could be misinterpreted, as terms such as “single point of contact” and “registry of self harm services” have a very specific meaning in some services. CAS and PH would support the creation of a single portal for all services for self harm and development of clear information. We anticipate that the strategies under development will lead to commissioning plans for appropriate services and we do not believe that a new single point of contact is required if that means a person or a portal. There is already a single point of contact for all concerns about children, called First Contact, which will signpost to appropriate services. This role would undoubtedly be strengthened by creation of a clear register of self harm services however. First Contact is part

of the existing pathway for protection of children, which attempts to identify concerns early and offer help before problems escalate. It is important that this single approach is not undermined by creation of a parallel approach to self harm or other forms of mental health. All agencies must be encouraged to use this pathway.

16. In summary, CAS and PH welcome the report as an important contribution to improving the emotional health and wellbeing of children and young people in County Durham, and will engage, with other relevant partners, in implementing the actions.

Recommendation

17. Cabinet is asked to note the recommendations in the report attached (appendix 2, pages 17-18) and to formulate a response within the six month period identified in the report for systematic review of the recommendations.
18. That the report is shared with the Health and Wellbeing Board and the Children and Families Partnership.

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Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – The review report takes into consideration Equality and Diversity; an Equality Impact Assessment has been carried out.

Accommodation - None

Crime and Disorder – The review report received information on the impact of alcohol on young people's offending.

Human Rights – None

Consultation – None

Procurement - None

Disability Issues – The report addresses the mental health and emotional wellbeing of young people

Legal Implications – None

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Children and Young People's Overview and Scrutiny Review Self-Harm amongst Young People

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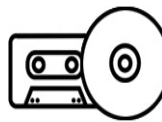
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DRAFT

Chair's Foreword



There are increasing pressures put upon our young people today, whether it is exam pressure, parental expectations, body image, social media or relationship issues. This is why we all should be aware of how to notice any changes in behaviour of the young people in our lives and make sure they are able to confide in someone who they trust.

The review received information on how reliable and accurate performance information is; how looked after children are supported; services available to young people in the community; how schools address self-harm and how can awareness of self-harm be increased among young people, parents and carers.

I would like to thank all those who have contributed to this review, fellow Councillors and Co-optees from Children and Young People's Overview and Scrutiny Committee, especially Councillor Christine Potts the Vice Chair for her support. I would also like to extend thanks to officers from Children and Adult Services, Public Health, North of England Commissioning Support Unit, North Durham and DDES CCGs, Framwellgate School Durham, DISC LGBT Group, Sunderland Pact Group, Mental Health North East, DJ Evans Boys Club Bowburn, Investing in Children and of course the many young people from County Durham who have help us in this review.

Councillor Jan Blakey
Chair Children and Young People's
Overview and Scrutiny Committee

Background & Methodology

Introduction

1. The Children and Young People's Overview and Scrutiny Committee decided to carry out the review following concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. Nationally available data showed that hospitalised admissions due to intentional self-harm in County Durham were higher than average. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
2. Young people who self-harm go to great lengths to conceal their scars and bruises from friends, carers, parents and teachers. They try to keep their actions secret, being aware of the stigma of self-harm but the burden of guilt weighs heavy and impacts on their relationships with family and friends and can make them feel worse.
3. Self-harm is not a core problem but is a sign and symptom of underlying emotional difficulties and is used as a way of coping. Young people who have self-harmed have said that by performing acts of self-harm they feel as if they are in control. They cannot control what is happening around them but they can control what they do to themselves. Emotional wellbeing is a significant factor in a person's health which impacts on their ability to work. In a young person this would affect their educational attainment would in turn reduce their aspirations and opportunities.

Purpose

4. The purpose of this review is to raise awareness and understanding of self-harm by young people and in doing so highlight to young people, parents and carers where support can be found.

Terms of Reference

5. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
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- How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?
6. The committee set up a working group of 14 members who gathered evidence over six meetings from key parties including:
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Information to Support the Review

National Policy & Research

7. The working group considered the national policy and key research documents listed below to be key drivers of good mental health.
- No Health Without Mental Health 2011
 - NICE Guidance 116, 133 and QS34
 - Health and Social Care Act, 2012
 - Children and Families Act 2014
 - Closing the Gap on Mental Health 2014
 - Public Health Outcomes Framework 2011
 - Chief Medical Officers' Annual Report 2013
 - 0-25 Special Educational Needs and Disabilities Code of Practice
 - Managing Self Harm by Young People 2014
8. The key national policy driver is 'No Health without Mental Health' (2011) which is the Governments' Mental Health Strategy and indicates that self-harming by young people is not uncommon. However only a fraction of cases are seen in hospital settings, therefore all those in contact with young people should be aware of how and when to refer someone for further assessment and support.
9. The National Institute for Clinical Excellence (NICE) published in June 2013 a new quality standard to improve the quality of care and support for young people who self-harm. This guidance covers the management of self-harm and the provision of long term support for children and young people over the age of eight.
10. NICE guidance indicates that self-injury is more common than self-poisoning as an act of self-harm, although people who self-poison are more likely to

seek professional medical help. An individual case of self-harm might be an attempt at taking one's own life although acts of self-harm are not always connected to attempted suicide. Self-harm is viewed as a way of coping with overwhelming feelings or situations and can be a way of preventing suicide. This can be difficult for people to understand including people who work in the medical profession.

11. It has been reported that in some medical settings clinicians are not as compassionate when dealing with young people who have self-harmed. NICE have produced guidance CG133 and a quality standard (QS34) to address these issues.
12. Closing the Gap: Priorities for essential change in mental health (2014) identifies that changes will be made in the way front line services respond to self-harm in emergency room settings and sets out how GPs should respond when self-harm is disclosed. Furthermore the document details how the introduction of a new indicator that specifically addresses self-harm in the Public Health Outcomes Framework can help us understand the prevalence of self-harm and also how Emergency Departments are responding.
13. The Public Health Outcomes Framework (2013) includes a definition of a new indicator on self-harm which makes clear the priority given to the prevention and management of self-harm across local authority and NHS services. As well as reflecting attendances at emergency departments for self-harm, the indicator will also capture how many attendances received by psychological assessment.
14. The Annual Report of the Chief Medical Officer 2013, indicates that mental health problems in children and young people are common and specifically references the increase of self-harm particularly in adolescence and those with a mental disorder.
15. The Children and Families Act 2014 sets out to reform and improve services for vulnerable children and their families. The Act includes transformation of the system for children and young people with special educational needs and disabilities. These reforms include improving co-operation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.
16. Managing Self-harm by Young People (2014) by the Royal College of Psychiatrists explains that the patterns of self-harm in children and young people have grown with the increase of digital communications. The report discusses the vast array of social media sites and cites anonymity is often associated with bullying however they allow young people to explore difficult issues such as self-image concerns, anxiety and relationship worries.

Local Policy

17. From a local policy context the working group considered the following:
 - Council Plan 2014-2017
 - Sustainable Community Strategy 2014-2030

- Children, Young People & Families Plan 2014-2017
 - Joint Health & Wellbeing Strategy 2014-2017
 - Joint Health and Wellbeing Board Annual Report 2013
 - Public Mental Health Strategy
 - CAMHS Interim Strategy
18. The Council Plan sets out what the Council aims to achieve for the population of County Durham over the next three years. The 'Altogether Better for Children and Young People' priority theme has three policy objectives and the one that relates to this review is 'that children and young people make healthy choices and have the best start in life.' This objective indicates that good emotional health and wellbeing is crucial in the development of resilient healthy children and young people.
19. This objective is shared in the Children, Young People's and Families Plan and the Health and wellbeing Strategy which are key documents that set out partnership arrangements for the Children and Families Partnership and the Joint Health and Wellbeing Board. Within the objective the Children, Young People's and Families Plan has an outcome that children and young people become more resilient and specifically mentions the need for partners to work together to reduce the incidence of self-harm. The Joint Health and Wellbeing Strategy address the need to reduce the incidents of self-harm by young people and to improve the mental health and physical wellbeing of the population.
20. The Public Health Mental Health Strategy has a vision that individuals, families and communities within County Durham are supported to achieve their optimum mental wellbeing. There are five objectives under the heading prevention of mental ill health, objective three addresses the need to reduce the suicide and self-harm rate for County Durham. The strategy indicates that Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk factor for subsequent suicide.
21. A Child and Adolescents Mental Health Services (CAMHS) Joint Interim Mental Health Strategy has been developed by local Clinical Commissioning Groups and Durham County Council as an interim measure whilst a more detailed piece of work is being undertaken to develop a three year Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan commencing in 2015. This interim strategy supports local delivery of the national No Health without Mental Health Strategy.
22. Work is continuing on developing a Mental Health, Emotional Wellbeing and Resilience Plan for County Durham. This encompassing plan will supersede the interim CAMHS Strategy and support the local delivery of the national No Health without Mental Health Outcomes Strategy. It will ensure that the needs of the local population are being met.

Evidence

What is Self-Harm?

23. The broad definition of self-harm is when a person harms or injures themselves. Young Minds publication 'Worried about self-harm?' indicates that self-harm is a way of dealing with very difficult feelings that build up.
24. Evidence from Public Health indicates that young people who self-harm go to great lengths to hide their scars and bruises from parents, carers and friends. They try to keep their actions secret but the awareness of the stigma of self-harm and the burden of guilt impacts upon their relationships with their family and friends which makes them feel worse and perpetuates the self-harming.
25. Self-harming actions might include:-
- Cutting or scratching;
 - Burning;
 - Hitting or banging arms, legs or head;
 - Putting objects under the skin;
 - Deliberately taking overdoses of drugs, alcohol and other substances;
 - Taking risks with the intention of causing self-harm;
 - Self-strangulation.
26. Self-harm is usually a symptom of an underlying emotional problem which young people find difficult to cope with. The NSPCC publication *Your Guide to Keeping Your Child Safe* indicates there are links between self-harm and depression and often a young person who is being bullied, under too much pressure to do well at school, being emotionally abused, grieving, or having relationship problems with family or friends will self-harm. Often the physical pain of self-harm distracts from the emotional pain that is behind it. The document goes on to say that for some young people self-harming makes them feel as if they have some control of their life or that they feel they should be punished for something they have done. *Managing Self-harm in Young People 2014* suggests that poor support and care breakdown may also be factors of self-harm and states that prolonged lack of communication promotes progression of self-harm into a vicious downward spiral.¹
27. A report by Young Minds in partnership with the Cello Group suggests that more and more children and young people are using self-harm as a mechanism to cope with the pressures of life. Self-harm is often dismissed as merely attention seeking behaviour but it's a sign that young people are feeling terrible internal pain and are not coping². With the correct support, access to services and change in circumstances most young people will overcome the need to self-harm but this is also very dependent on the individual and there will be some who continue to suffer mental health and anxiety problems into adulthood.

¹ Managing self-harm by young people, Royal College of Psychiatrists, 2014

² Talking Self Harm by Young Minds & Cello Group, 2012

28. A report published following a national inquiry in 2006 suggests that while there is no evidence to support that self-harm is addictive there is evidence to support that chemicals in the brain are released when a person is injured which acts like an opioid analgesic which makes the person calm. However the body may begin to expect a higher level of these chemicals that would require a greater level of harm to be inflicted to achieve the same effect.³

Performance Information

Key Findings

- Data is limited in County Durham which is the same regionally and nationally.
- Performance data relates to a very small number of young people who self-harm .

29. Definitive data on self-harm is difficult to obtain and statistics are unreliable as many incidents of self-harm are not reported, carried out in private and medical help is not usually sought. Reported data tells us how many young people were admitted to hospital as a result of self-harm but this relates mostly to self-poisoning incidents, (e.g., overdose) and as not all young people who self-harm end up in hospital there is no way of knowing how many young people actually self-harm.

30. Within the performance management information presented to Children and Young People’s Overview and Scrutiny Committee there is a tracker indicator in relation to the number of young people aged 10 to 24 years who were admitted to hospital as a result of self-harm (the figure relates to a rate per 100,000 per population aged 10 to 24 years.) This performance tracker indicator has recently changed from 0-18 years to 10-24 years and the Council’s Public Health team have requested that information is captured for both age ranges to enable them to consider the data across all children and young people. The information shown in the table below indicates hospital admissions as a result of self-harm data for young people aged 10 – 24 years pooled years; this data refers to episodes of admissions and not persons.

Hospital admissions as a result of self-harm 2007/08-2009/10	Hospital admissions as a result of self-harm 2008/09 – 2010/11	Hospital admissions as a result of self-harm 2009/10 – 2011/12	Hospital admissions as a result of self-harm 2010/11 – 2012/13
560.2	586.3	561.8	504.8

Source: Public Health England: National Child and Maternal Health Intelligence Network as accessed 1/12/14

31. Public Health England provide a snap shot of child health for County Durham, this information that was produced in March 2014, in relation to young people’s mental health the report indicates that: In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher

³ Truth Hurts – Report of the National Inquiry into Self Harm among Young People,2006

than the England average. Nationally, levels of self-harm are higher among young women than young men.

32. Nationally, prevalence of self-harm is lower than in County Durham, Public Health England Community Mental Health Profiles indicate that for 2012/13 emergency admissions for self-harm per 100,000 was 191.0 for England while figures for clinical commissioning groups in County Durham was much higher – Durham Dales CCG – 315.9 per 100,000 and North Durham CCG – 217.4 per 100,000.
33. Evidence from Public Health Portfolio Lead stated that unplanned attendances for self-harm are recorded through Hospital Episode Statistics (HES) activity in accident and emergency departments, minor injuries clinics, walk-in centres and other locations. In 2011/12 self-harm accounted for 0.7% (119,000) of all recorded attendances across England. This data also indicates that around 60% of reported episodes were among women in the age group 15-24 years as shown in figure 1 below.

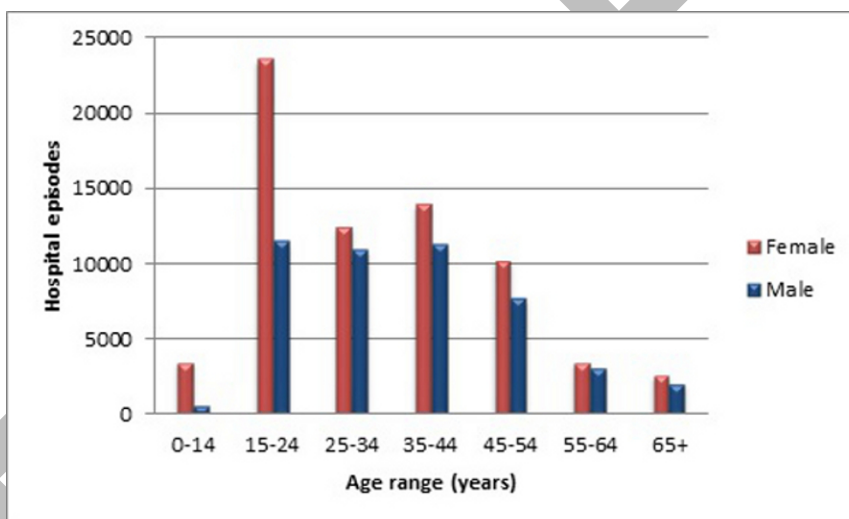


Figure1: First finished consultant episodes (FFCE) for self-harm by gender and age group 2011/12

34. HES data capture cases of intentional self-harm that result in a hospital admission. Therefore, this excludes people who intentionally self-harm and are treated in an emergency department but are not admitted.
35. Data on self-harm in County Durham is limited which is similar to the national and regional pictures. Hospital admission data only deals with a very small proportion of cases as most young people who self-harm will not come into any health services.
36. Emergency admissions rates for self-harm (all ages) for CCGs (2012-13) show North Durham CCG with the lowest self-harm rate across Durham, Darlington and Tees Area (figure 2).

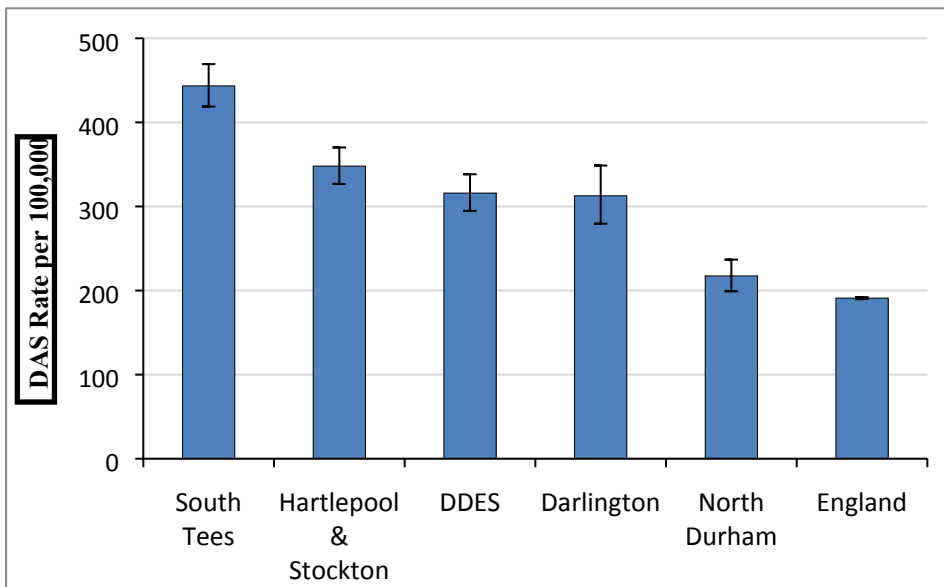


Figure 2: Directly age standardised rate per 100,000 with 95% confidence intervals emergency admissions self-harm 2012-13.⁴

37. The number of first finished consultant episodes (FFCE's) in County Durham for under 18 years are relatively low (227). Small variations in the number of FFCEs will affect relatively larger changes in crude rates. Self-harm crude admission rate per 100,000 for under 18 years in County Durham are higher than the North East, and have also shown variation over time. Rates have fallen since 2008 - 2009 (figure 3).

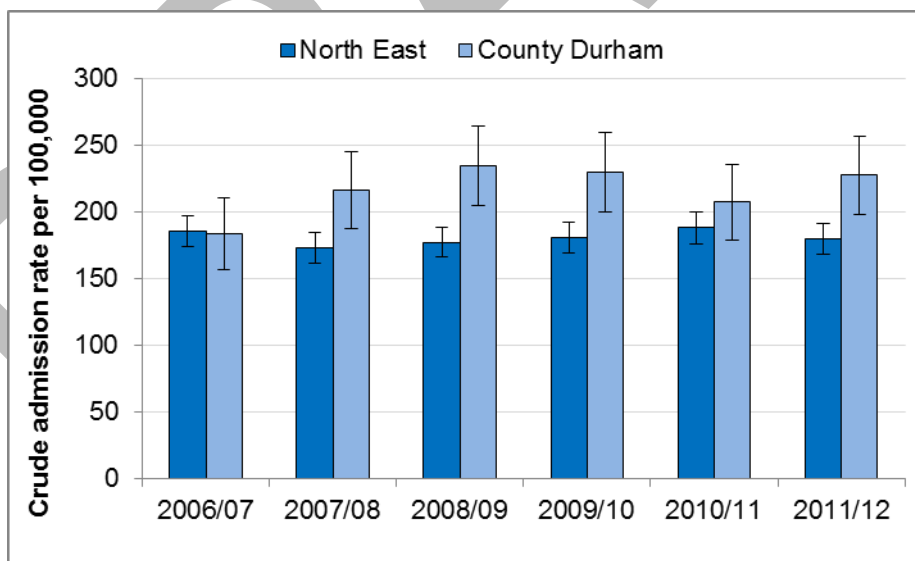


Figure 3: Self harm crude

admissions rate per 100,000, aged under 18 years County Durham and North East, 2006-07 to 2011-12.

Looked after Children and other vulnerable groups

Key Findings

- Durham County Council and partners have strategies, plans and policies which address mental health and emotional wellbeing.

⁴ PHE. Community Mental Health Profile. Accessed July 30th 2014.

- Looked after children in County Durham have good access to a wide range of mental health and emotional wellbeing services.
- Being in a vulnerable group does not mean the young person will self-harm but vulnerable groups are more likely to self-harm
- Young people suggest that many adults over react to self-harm and involve as many services as possible.
- Many adults are afraid of broaching the subject of self-harm in case this instigates the start of a problem.
- Young people look for support online before speaking to trusted adults but some online sites are not helpful and allow abusive comments.

38. Evidence indicates that vulnerable groups such as young people in residential settings, lesbian, gay, bisexual and transgender (LGBT) young people, young Asian women and young people with learning disabilities are more likely to self-harm.⁵ In addition to this young women are four times more likely to self-harm than young men. Young LGBT people are four times more likely to suffer major depression related illness and three times more likely to suffer from generalised anxiety related disorder.⁶
39. Evidence from Child and Adolescent Mental Health Services indicated in terms of prevention, it was known that self-harm was not linked to suicide and therefore the challenge which was faced was to deliver the right service at the right time. Some incidents were 'one-offs', yet some would be the beginning of a cycle and therefore the correct pathway varied from person to person. 140 journeys through the service had been tracked and followed and from the information, it was obvious that some young people felt that the initial response to their incident was excessive.
40. Young people find it difficult to confide and share information in regard to self-harm due to the stigma associated with it and often look to the internet for support. However they should be warned about the potential dangers of online sites and be given information about trusted sites. Parents and carers find it difficult to control the sites young people access as most young people have access to the internet through their mobile phones.
41. Young people indicated that they found it difficult to communicate with some mental health workers and suggested that mental health users should be able to communicate in a way which is comfortable to them such as text messaging or via email. The young people indicated they did not always feel comfortable with face to face interviews with professionals especially when they were in business dress.
42. The third sector organisation Stonewall indicates that a lack of visibility of lesbian, gay and bisexual people in mental health services and poor measurement of access and outcomes for lesbian, gay and bisexual people has an impact on the mental health and experience of gay young people. The high incidence of attempted suicide, self-harm and homophobic bullying in

⁵ The Truth about Self-Harm, Mental Health Foundation, 2008

⁶ Why Schools are so important to Children's Mental Health, 2010 Accessed via www.youthspace.me 27/11/14

gay young people means mental health services must actively work to improve the health of lesbian, gay and bisexual people.

43. Young people from DISC LGBT group indicate that in their experience as soon as self-harm is mentioned there was an overreaction to involve parents, safeguarding or social services. The young people suggested that thought should be given before involving their parents as they may not want to involve their parents because self-harm could be a way of coping with parental problems. They suggested that in their opinion it would be better for an appropriate adult (teacher, youth worker, etc.) to build up a trusting relationship where the young person feels safe to explore what is to be done. Young people stressed the importance of truthfulness about confidentiality and that adults should not make promises if they cannot keep them.
44. The young people highlighted concerns over online safety and explained that they often go online to look for help and support but these sites are open for anyone to comment and some of the comments are upsetting and could incite more self-harm. It was suggested that more control is needed about good and bad sites to warn others about potential abusive or risky online sites.
45. Evidence indicates that there is no specific reporting method for self-harm in looked after children; however a joint therapeutic service called Full Circle deal with young people with mental health issues. The service consists of social workers, therapists and nurses who risk assess vulnerable young people and plan the best way of treatment.
46. A key point that was made by Looked after Children services, Educational Psychologists service and reiterated by the representative from Framwellgate School was that many adults are afraid of broaching the subject of self-harm for fear of inciting it in some way, but it is important that self-harm is addressed in a calm and sensitive and non-judgemental manner with compassion.

Services available in communities that address self-harm

Key findings

- There are lots of services that provide support to young people with mental health and emotional wellbeing problems but there is no single multi-agency pathway or a registry of self-harm.
- Lots of services are commissioned to support young people who self-harm but most of these services are targeted or specialist services that requires referral.
- CAMHS Primary Mental Health Workers work in schools, GP surgeries and the wider children's workforce to provide prevention and early intervention services.
- A single point of contact for mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.
- From 2015 health visiting and school nursing services will become part of Public Health function of the Council.
- Currently all schools receive relatively the same service from School Nursing Service but different schools have different needs and

therefore the service should be tailored to fit the needs within the school.

47. Self-harm is indiscriminate and can affect anyone which makes commissioning services challenging. Evidence from North of England Commissioning Unit (NECU) suggests that self-harm is difficult to target as there is not a consistent method for gathering data due to the secretive nature of self-harm.
48. Information provided to the working group from North Durham and Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Groups (CCGs) indicates that mental health is a priority in their clear and credible plans and a crisis and self-harm service had recently been commissioned.
49. Commissioners provided the working group with a list of services to support young people who self-harm however most of these services are targeted and specialist services where young people would need a referral. A registry of self-harm would provide a measure of the numbers affected by self-harm which could be used to bench mark against other local authorities and regions.
50. Tees, Esk and Wear Valley NHS Foundation Trust provide Child and Adolescent Mental Health Service (CAMHS) advised that at tier 2 (targeted), Primary Mental Health Workers (PMHW) work in schools and GP surgeries; pilot schemes were also being run in South Durham youth centres to determine how to develop the service for young people. CAMHS work with the wider children's workforce and provide short term interventions, prevention and early intervention; they work with families and cover a range of community bases to provide these interventions. CAMHS have open access which allows anyone to contact them. Tier 3 CAMHS offer a specialist service where additional support is needed from a multi-disciplinary team. Pathways are centred on the young person and interventions are either individual or family centred dependent on circumstances.
51. The CAMHS Crisis and Liaison project is funded by North Durham and DDES CCGs until December 2015 and is fully operational across County Durham. It is open seven days a week from 8am until 10pm and from January 2015 it will be trialling a 24/7 approach. The project offers mental health assessment within the home, A&E, police custody and community settings. CAMHS remain involved with the young people until the acute episode is resolved and ensure that they are linked into ongoing multiagency care if appropriate (72 hour model) The service is embedded in accident and emergency with A&E teams contacting them as and when required and response time is within the hour. This helps the young person get back into the home environment as quickly as possible. Support is also given to the parents/carers for as long as required.
52. One of the difficulties of providing a multi-agency support network in relation to information sharing was often technology where different systems were used which may not link together. Some services were not certain of which pathway to direct a patient when dealing with less serious incidents where preventative support would benefit the individual. A single point of contact for

services offering mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.

53. In relation to transitions CAMHS work with young people to develop a transitional plan when moving from CAMHS to Adult Mental Health Services (AMHS). However, young people indicated that the transition from in-patient care to outpatient care could be just as traumatic for them as moving from CAMHS to AMHS and could be overlooked.
54. From 2015 health visiting and school nursing services will become part of Public Health function of the council. This could be an opportunity to ensure that established support from Health Visitors continues into primary school. It was also suggested that in cases where parental issues were impacting on a young person's emotional and mental wellbeing adult services should become involved.
55. Evidence indicates that the school nursing service provides a universal service to schools and is accessible to pupils from the ages of 5 to 19 years. Each nurse is allocated a secondary school and a number of primary feeder schools they provide health and wellbeing drop-in session within each secondary school. In some hot spot areas they offer drop in sessions for parents in primary schools. Drop in sessions are a good opportunity to pick up on and encourage access to health support around emotional health, but due to capacity sessions are not as regular, however if a school has concerns school nurses can be contacted and will arrange to attend urgently as required.
56. The school nurses are also used as advocates in supporting young people in telling their parents/carers how they are feeling and often signposting young people to other appropriate services. The service is available term time only but it was accepted that the services should be available throughout the year. Currently all schools received relatively the same service but different schools had different needs and therefore the service should be tailored to the needs within the school.

How are schools address self-harm

Key Findings

- Each school's response to self-harm is different
- Best practice suggests a whole school approach to good mental health and emotional wellbeing.
- Not all schools have the capacity or resources to offer the same package of emotional wellbeing to students.
- Young people need to be aware of e-safety
- Governing bodies should be encouraged to refresh and update their policies and procedures on emotional wellbeing
- Internet safety is a major concern and should be addressed at all levels in school, in the community and at home.

57. Framwellgate School Durham, which is an Excel Academy Partnership Trust, provided information on how they address and manage self-harm in school with students, parents and carers. The school provides good practice in

pastoral care for its students. Tutor groups are small with a mix of students in age and ability which is tried and tested over many years in the school. Students have the facility to anonymously email staff if they have emotional wellbeing problems.

58. The school has a dedicated non-teaching pastoral team who provide support to students, parents, carers and teaching staff in order to address issues which are causing barriers to learning including self-harm. In addition the school offers a range of services to both students and their families some of which include:

- Achievement Centre – the centre provides support and access to services which help students overcome difficulties they may have with engaging with learning. Students accessing Achievement Centre services may have medical, emotional or social needs. Staff help students develop strategies to overcome their difficulties through individualised learning plans and a wide range of support programmes.
- Counselling Service
- Internet Safety & Awareness Training
- Equality and Diversity Workshops
- Restorative Conferences
- Mental Health Workshops

59. It should be noted that most schools offer a range of services to address emotional wellbeing which come under their safeguarding procedures. All schools receive the same amount of funding and they prioritise their spending in relation to the needs of their students. Schools can buy in services to meet their requirements and the Council's Public Health team provide mental health support services free of charge to schools, these include programmes such as Relax Kids, Mindfulness and If U Care, Share.

60. Governor Support Services provides information on services that are available for schools and governing bodies to purchase. The working group suggested that a full list of available services should be circulated to all local authority maintained school governing bodies for their information

61. Durham County Council offers schools through the Educational Development Service a range of assistance which can include:

- Curriculum and Professional Development (CPD) for school staff around emotional and mental health of young people
- Advice on the involvement of services
- Advice for referrals and schools to contact other agencies
- Advice to schools on relevant and appropriate curriculum content to cover such issues in PHSE sessions
- Development of an area on the Durham Learning Gateway for staff around risk taking behaviours which will include self-harm, as well as e-safety; alcohol; sex and relationship education.

Unfortunately, there is no evidence to indicate how often these services are accessed.

62. Evidence received from the Educational Psychologist team indicate the proactive work which is undertaken with schools especially secondary behavioural, emotional and social difficulties special schools carrying out therapeutic work. This may be offered as part of the school's learning agreement but can differ from school to school. The educational psychologist team offer a variety of training, therapeutic support and interventions to schools on a traded basis – which is open to all schools in the county. School counsellors work with their schools, with individuals and small groups offering weekly therapeutic input. The service supports students and staff and hopes to build capacity in schools and resilience in pupils to progress their emotional development and cope with difficult situations when they arise. It is important for schools to recognise and act upon changes in student's behaviour to look at what this is saying and try to get at the root cause of any problem the student may be facing.
63. It was suggested that schools have guidance on how to manage students' emotional wellbeing including mental health but for many schools guidance needs updating and refreshing.
64. Evidence from the Student Support Manager at Framwellgate School Durham suggests that it was important to work with students who are experiencing emotional and behavioural problems in a slow and steady manner to build the student's confidence and trust but to address issues such as confidentiality at the start of the process.
65. Evidence from young people suggests that youth leaders/workers could work in schools to provide emotional health and wellbeing support which could include support to students on risky behaviours. However, it would be wrong to assume that all young people could be reached in this way via youth workers. The young people advised that in their experience youth leaders and workers have given them tremendous support on many issues including relationship worries and anxieties, parental issues and worries about school. The young people trust the youth workers/leaders implicitly.
66. Social media and the internet is a great concern and plays a major factor in young people's lives as they have 24/7 access to internet sites via many devices. It is important that young people are made aware of internet safety from both points of view – victim and perpetrator. Young people accessing online support need to know that the site they are accessing is safe and the advice on the site is correct. Perpetrators need to be aware that they cannot hide behind a cloak of anonymity as technology is getting better all the time and IP addresses can be accessed. Members of the working group were extremely concerned about e-safety and suggested that internet access in council run buildings should be restricted to block access to some sites.
67. The working group carried out an exercise to see which self-harm sites could be accessed via desk top personal computers (PCs) in County Hall and other council premises. Safe internet sites that provided information on how to self-harm safely could be accessed via County Hall server. However other sites such as Youtube, chat rooms and Tumblr could not be accessed via PCs in County Hall but could be accessed from library PCs. The working group was

concerned that young people using libraries could access these sites and suggested that all public access PCs in council run buildings should have restrictions on access to certain sites.

Raising awareness of self-harm

Key Findings

- All adults who come into contact with young people should have mental health and emotional wellbeing training.
- Parents and schools need to have a mutual level of communication in relation to their children's mental health and emotional wellbeing.
- It is important to listen to what young people are saying and not trivialise or minimise what they are saying
- Young people prefer to talk to other young people
- Self-harm needs to be talked about to dispel myths and break stigma

68. Sunderland Pact is a parental support group for parents whose children have self-harmed. The group was started in March 2014 following a training course to educate parents about self-harm provided by Northumberland and Tyne and Wear NHS Foundation Trust at Monkwearmouth Hospital. After this five week, one hour course parents were left with no other means of support but felt that the group had helped them and they wanted the support to continue therefore they decided to set up their own support group.

69. The group is totally independent of NHS or CAMHS funding, the meeting room is provided by a supermarket free of charge. Members were interested to learn if there were similar sessions for parents in County Durham. There are currently no self-harm education sessions in County Durham but Tees, Esk and Wear Valley NHS Foundation Trust CAMHS has advised that they hope to have a very similar group up and running for parents and carers known to their services in the new year. Groups will be run in the three community team locality areas and from this they hope to establish drop in support groups in each locality. CAMHS has advised that they intend to continue the training sessions as long as there is a need to do so.

70. Parents advised that in their opinion it was important for teachers to receive training to spot emotional problems in young people to ensure issues were dealt with before they escalated out of control. It was suggested that this type of training should occur during their teacher training so they are fully equipped to deal with such issues when in post. They also felt strongly that parents should know the warning signs to enable them to help their children.

71. Evidence from a young person who had self-harmed and was now working with Mental Health North East to help other young people and suggested that when young people are seeking support they would often prefer to speak to people of their own age who had some experience of similar problems and anxieties.

72. Evidence from parents indicates that in their situations there had been long periods in-between referral times and suggested that the referral process should be more fluid. However it should be noted that these parents were

from out of the area and evidence from CAMHS indicates that referral times are coming down.

73. Parents suggested that self-harm needs to be spoken about both in and out of school which will help young people deal with their emotions and for adults to understand not to trivialise or minimise how young people are feeling during the stressful times of their lives. By talking about self-harm will help to dispel any taboos and myths about this subject, this was also suggested by residential staff and student support manager who had provided evidence to the group.
74. Information provided from young people indicates that support is often sought from youth workers who gave advice rather than telling the young person what they should do. The young people respect, trust and value youth workers and suggested that youth workers could be brought into schools to help to provide support and assistance to young people with emotional health and wellbeing problems. Young people made a further suggestion was that some sort of cognitive behaviour therapy be used to help young people devise coping strategies.

Conclusions

75. Definitive data on self-harm for County Durham is limited which is similar to both the regional and national position. The data only reflects the numbers of young people who attend hospital, however there are many more young people who self-harm but do not seek any kind of medical assistance and are not included within the data. Commissioners expressed frustration at the inconsistent methods of gathering data in relation to self-harm which makes it difficult when designing services. However a registry of self-harm would provide a greater indication of the number of young people self-harming and could be used as a benchmarking tool with other local authorities.
76. Although looked after children and young people were identified as a vulnerable group who may self-harm looked after children and young people in County Durham do have access to a very wide range of services from foster carers to psychiatrists. However it does not necessarily follow that because a young person falls into a vulnerable group they will self-harm, exposure to risks or being considered vulnerable does not mean that a young person will self-harm it could make them more resilient to pressures put upon them.
77. There is a fine balance between addressing self-harm and overreacting to a risk taking behaviour. Some incidents of self-harm are considered to be 'one-offs' but for some it could be the beginning of a cycle and therefore the correct pathway is varied from person to person. Young people suggested that there are times when adults over react by involving as many services as possible which they find more stressful.
78. The importance of good mental health and emotional wellbeing is considered in many Council and Partnership strategies and plans as identified in paragraphs 17 to 21. Work is also continuing in the preparation of a Young

79. There are many services commissioned to provide help and support to young people who self-harm. Yet these are targeted and specialist services that require a referral to access them, although some may be accessed through self-referral. Universally, young people have access to school nurses, GPs, teaching staff and youth workers. Young people the working group visited indicated that from this selection of professionals it is youth leaders/workers they would prefer to talk to and suggested that perhaps they could work in schools liaising with young people about emotional health and wellbeing.
80. The internet hosts a range of sites which provide good and bad information. Parents and carers should have a conversation with their child to inform them of the dangers of the internet. As a local authority we also have a duty of care for those young people accessing information via personal computers in council buildings.
81. Schools have many constraints on their time and must cater for the needs of all their students. Best practice suggests a whole school approach in relation to mental health and emotional wellbeing of students.
82. All schools receive relatively the same amount of funding and it is up to each school to prioritise how it spends its budget. Some schools have a greater focus on pastoral care of its students which could be attributed to having more students with emotional wellbeing needs. All schools provide safeguarding provision to its students which include counselling services, access to CAMHS, School Nurses and Educational Welfare and Psychology Services.
83. Internet safety for children and young people is a key concern for parents, carers and teachers alike. It is important that young people understand and are aware of the dangers when surfing the internet especially when seeking help and support for their anxieties and worries.
84. Parents need to be aware of the warning signs which may suggest their child is experiencing mental health or emotional wellbeing issues, including the signs to look out for should they suspect their child is self-harming.
85. Young people have indicated they value the relationship they have with youth workers/leaders and feel more comfortable speaking to youth leaders/workers when asking for advice in relation to risk taking behaviours including self-harm. The young people who took part in the review also suggested that they would prefer to talk to other young people rather than discussing problems with older adults.

Recommendations

86. Consideration of the review's findings has led the working Group to make the following recommendations which the Children and Young People's Overview and Scrutiny Committee will receive a systematic update at least six months following consideration of the report by Cabinet.

- A. That in relation to internet safety, Cabinet place restrictions to limit internet access on personal computers in Council run buildings including libraries to ensure that sites which glorify self-harm and relevant social chat sites are prohibited access. In addition that Cabinet write to the Mental Health Minister to ask for search engine sites to recognise their moral social duty to filter search results.
- B. That the Cabinet give consideration to developing specific pages for parents/carers giving information on preventing self-harm and how to support their children. Also that the pages are designed by or with direct involvement of young people who have knowledge of self-harm and emotional health and wellbeing such as help4teens.co.uk.
- C. That the Cabinet highlight to school governing bodies:
- i. The necessity to refresh and update all emotional health and wellbeing policies on a regular basis specifically those that relate to self-harm.
 - ii. The range of emotional health and wellbeing services that can be bought in to support children and young people especially those provided for free by Public Health.
- D. That Cabinet request the Corporate Director of Children and Adult Services, the Director of Public Health, the Local Safeguarding Children Board, the Joint Health and Wellbeing Board and the Children and Families Partnership give consideration as to how to engage with parents of children to advise on the importance of good mental health and the warning signs to look out for in relation to risk taking behaviours.
- E. That through discussions at the Health and Wellbeing Board, appropriate commissioners and providers give consideration to the establishment of a single point of contact for services that offer mental health service and support which would ensure that all incidents are logged and picked up by the appropriate service in a timely manner and in doing so create a single multi-agency pathway and registry of self-harm.
- F. That Cabinet give consideration to how youth services leaders/workers, school nurses and health visitors can have a role in schools in relation to emotional health and wellbeing support to young people.
- G. That Cabinet give consideration to providing all adults (School Staff, Children's Home Staff, Youth Services Staff) who come into contact with young people on a regular basis receive basic mental health and emotional wellbeing awareness training

Children & Young People's Overview and Scrutiny Committee



2 April 2015

Refresh of the Work Programme for the Children & Young People's Overview and Scrutiny Committee

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of Report

1. The purpose of the report is to provide members with information contained within the Council Plan 2015 – 2018, relevant to the work of Children and Young People's Overview and Scrutiny Committee. This allows the opportunity for members to refresh the Committee Work Programme to reflect the 3 objectives and subsequent outcomes identified within the Council Plan for Altogether Better for Children and Young People.

Background

2. The current Overview and Scrutiny Committee's Work Programmes for 2015 -2016 focus on the priority areas identified within the context of the Council Plan, Cabinet's Forward Plan of decisions, Sustainable Community Strategy, Partnership plans and strategies, performance and budgetary control data and changes in Government legislation.
3. In relation to the Children and Young People's Overview and Scrutiny Committee, Members will recall that the Work Programme was refreshed at the Committee meeting held on the 27th June 2014, ensuring that areas of focus were in line with current and forthcoming priorities within the Committee's remit. Further areas of focus for the Committee have been added throughout 2014 to reflect changing Government policy and at the request of Members.

Council Plan 2015 – 2018

4. The Council Plan is the overarching high level plan for the County Council, which covers a four year period and is updated on an annual basis. The plan sets out how the Council will consider the corporate priorities for improvement and the key actions the Authority will take in delivering the long term goals in the Sustainable Community Strategies (2014-2030) and the Council's own improvement agenda. Attached at Appendix 2 is the Altogether Better for Children and Young People section of the Council Plan for members' consideration.

5. Within the Council's Altogether Better for Children and Young People priority theme, the focus is on the Council's work in tackling a range of issues impacting on the lives of all children, young people and families in County Durham.

6. Children and Young People's Services recognise that the issues which impact upon the lives of children, young people and families are complex and demand a partnership approach. The Council has identified 3 objectives with 9 specific priority outcomes across these objectives which are set out in the Children, Young People and Families' Plan. Following the refresh of the Children, Young People and Families Plan (CYP &FP), which is the strategic multi-agency plan, the focus is now on the 'causes' of poor outcomes rather than the 'effects'. Below are the relevant objectives and actions for the Altogether Better for Children and Young People priority theme:
 - **Children and Young People realise and maximise their potential**
 - C1 – Children are supported to achieve and develop during their early years.

 - C2 – Children and Young People are supported to achieve and attain during their school years to prepare for adulthood.

 - C3 – Young people are supported to progress and achieve in education, employment and training to achieve their potential.

 - C4 – Children with additional needs are supported to achieve and attain.

 - **Children and Young People make healthy choices and have the best start in life**
 - C5 – Negative risk taking behaviour is reduced

 - C6 – Children and Young People are more resilient

 - C7 – A range of positive activities are available for Children and Young People

 - **A Think Family approach is embedded in our support for families**
 - C8 – Children are safeguarded and protected from harm.

 - C9 – Early intervention and prevention services improve outcomes for families.

 - C10 – Children who cannot live with their families achieve permanence and stability.

7. The Service recognises that circumstances which impact on the lives of children, young people and families are complex and demand a partnership approach. The service will also continue to listen and work with children, young people and families to formulate plans.

Current Work Programme

8. During 2014/15, the Children & Young People's Overview and Scrutiny Committee has undertaken budgetary and performance monitoring, in depth Scrutiny Reviews, systematic 6 monthly reviews of progress against recommendations and overview presentations in relation to the following areas:

In Depth Scrutiny Reviews

- Review of Self Harm by Young People –
(Objective: Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5, children and young people are more resilient C6)

Systematic Review

- Support for Children and young People with Mental Health Issues –
(Objective: Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5, children and young people are more resilient C6)
- Alcohol and Substance Misuse among Young People –
(Objective: Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5. A Think Family approach is embedded in our support for families. Children are safeguarded and protected from harm C8, Early intervention and prevention services improve outcomes for families C9.

Overview Activity

- **Ofsted Single Inspection Framework** – A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.
- **Local Authority Inspection – School Improvement** - Children and Young People realise and maximise their potential. Children are supported to achieve and develop during their early years - C1. Children and Young People are supported to achieve and attain during their school years to prepare for adulthood - C2. Young people are supported to progress and achieve in education,

- employment and training to achieve their potential – C3. Children with additional needs are supported to achieve and attain – C4.
- **Local Safeguarding Children’s Board Annual Report** - A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.
 - **Early Years Strategy** -- Children and Young People realise and maximise their potential. Children are supported to achieve and develop during their early years - C1.
 - **Children’s Centres Consultation** - Children and Young People realise and maximise their potential. Children are supported to achieve and develop during their early years - C1. A Think Family approach is embedded in our support to families – C8. Early intervention and prevention services improve outcomes for families – C9.
 - **Healthy Weight Strategic Framework** - Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5. Children and young people are more resilient C6. A range of positive activities are available for children and young people C7.
 - **Impact of Smoking on Children and Young People** - Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5. Children and young people are more resilient C6.
 - **Update on School Funding** -- Children and Young People realise and maximise their potential. Children are supported to achieve and develop during their early years - C1. Children and Young People are supported to achieve and attain during their school years to prepare for adulthood - C2. Young people are supported to progress and achieve in education, employment and training to achieve their potential – C3. Children with additional needs are supported to achieve and attain – C4.
 - **Wellbeing for Life** -- Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5. Children and young people are more resilient C6. A range of positive activities are available for children and young people C7.
 - **Refresh of Children, Young People and Families’ Plan 2015-2018** – All of the objectives and outcomes of Altogether Better for Children and Young People.
 - **Refresh of Joint Strategic Needs Assessment & Health and Wellbeing Strategy 2015-2018** -- All of the objectives and outcomes of Altogether Better for Children and Young People.
 - **Safeguarding Framework** -- A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.

- **LSCB Serious Case Review Process** -- A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.
- **Special Educational Needs & Disability Reforms** -- Children and Young People realise and maximise their potential. Children are supported to achieve and develop during their early years -Children with additional needs are supported to achieve and attain – C4.
- **Update on Stronger Families** - A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.
- **Innovations Programme** - A Think Family approach is embedded in our support to families – Children are safeguarded and protected from harm – C8. Early intervention and prevention services improve outcomes for families – C9. Children who cannot live with their families achieve permanence and stability - C10.
- **Director of Public Health’s Annual Report** - Children and young people make health choices and have the best start in life. Negative risk taking behaviour is reduced C5. Children and young people are more resilient C6. A range of positive activities are available for children and young people C7.

Budgetary and performance monitoring

- Quarterly budgetary and performance monitoring for Children and Young People’s Service Group.

*****Areas for consideration in the Children and Young People’s Overview and Scrutiny Work Programme**

9. Having considered the Altogether Better for Children and Young People section of the Council Plan for 2015 – 2018 (pages 21-26 attached at appendix 2) it is suggested that the following action areas could be considered in the update of the Children and Young People’s Overview and Scrutiny Committee work programme (where they already link to the current work programme is highlighted):
 - Children and Young People realise and maximise their potential -- Work of Improving School Team
 - Children and Young People make healthy choices and have the best start in life
 - A Think Family approach is embedded in our support for families Looked after children reduction strategy – this links into the current work programme which has received an overview on the new Innovations Programme.

**Council Plan
Cross Cutting Themes**

10. Below are areas which have a cross cutting issues from other 'Altogether' themes that link into Altogether Better Children and Young People

Altogether	Objective	Outcome	Link to Altogether Better for Children and Young People
Healthier	*Children and Young people make healthy choices and have the best start in life. *this is a shared objective with Altogether Better for Children and Young People.	Reduce childhood obesity H1	A range of positive activities are available for children, young people and families C7
		Improved early health intervention services for children and young people H2	Early intervention and prevention services improve outcomes for families C9
	Reduce health inequalities and early deaths	Reduced levels of alcohol and drug related ill health. H4	Negative risk taking behaviour is reduced C5
		Reduced levels of tobacco related ill health H7	Negative risk taking behaviour is reduced C5
	Improve the mental and physical wellbeing of the population	Reduced self-harm and suicides H14	Negative risk taking behaviour is reduced C5 A range of positive activities are available for children, young people and families C7
		Increased physical activity and participation in sport and leisure H15	A range of positive activities are available for children, young people and families C7
Wealthier	Competitive and Successful people	Increased numbers of people in employment with focus on young people W9	Young people are supported to progress and achieve in education, employment and training to achieve their

			potential C3
Greener	Maximise the value and benefits of Durham's natural environment	Natural assets are valued and conserved. G4	A range of positive activities are available for children, young people and families C7
Altogether Better Council	Working with Communities	Communities and stakeholders are engaged and communicated with ABC 4	Links to all Altogether Better for Children and young People objectives and outcomes.

Next Steps

12. The Children and Young People's Overview and Scrutiny Committee is asked to consider the appropriate section from the Council Plan, Appendix 2 (copy attached) to inform the Committee work programme for 2015 - 2016, reflecting on the current work programme detailed in paragraphs 9 and 10 above.
13. Members will receive a further report at the next Children and Young People's Overview and Scrutiny Committee on 25th June, 2015, confirming/agreeing the Committee's work programme for 2015-2016 based on today's discussion and agreement.

Recommendations

14. That the Children and Young People's Overview and Scrutiny Committee note the information contained in Altogether Better for Children and Young People priority theme of the Council Plan 2015-2018. Appendix 2 (copy attached)
15. That the Children and Young People's Overview and Scrutiny Committee refresh the work programme for 2015-2016 by discussing and considering those actions identified in Appendix 2.
16. That the Children and Young People's Overview and Scrutiny Committee at its meeting on the 25 June 2015, receive a further report detailing the Committee's work programme for 2015 - 2016.

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Appendix 1: Implications (The following implications are taken directly from the report to Cabinet on 18th March 2015)

Finance - The Council Plan sets out the corporate priorities of the Council for the next 3 years. The Medium Term Financial Plan aligns revenue and capital investment to priorities within the Council Plan.

Staffing - The Council's strategies are being aligned to achievement of the corporate priorities contained within the Council Plan.

Risk - Consideration of risk is a key element in the corporate and service planning framework with both the Council Plan and Service Plans containing sections on risk.

Equality and Diversity / Public Sector Equality Duty - Individual equality impact assessments have been prepared for each savings proposal within the Council Plan. The cumulative impact of all savings proposals in total has also been presented to Council and will be updated as savings proposals are further developed. In addition a full impact assessment has previously been undertaken for the Council Plan. The actions in the Council Plan include specific issues relating to equality and aim to improve the equality of life for those with protected characteristics. The Plan has been influenced by consultation and monitoring to include equality issues. There is no evidence of negative impact for particular groups.

Accommodation - The Council's Corporate Asset Management Plan is aligned to the corporate priorities contained within the Council Plan.

Crime and Disorder - The Altogether Safer section of the Council Plan sets out the Council's contributions to tackling crime and disorder

Human Rights – None

Consultation - Council and partnership priorities have been developed following an analysis of available consultation data including an extensive consultation programme carried out as part of the development of the interim Sustainable Community Strategy and this has been reaffirmed by subsequent consultation on the budget. Results have been taken into account in developing our resourcing decisions.

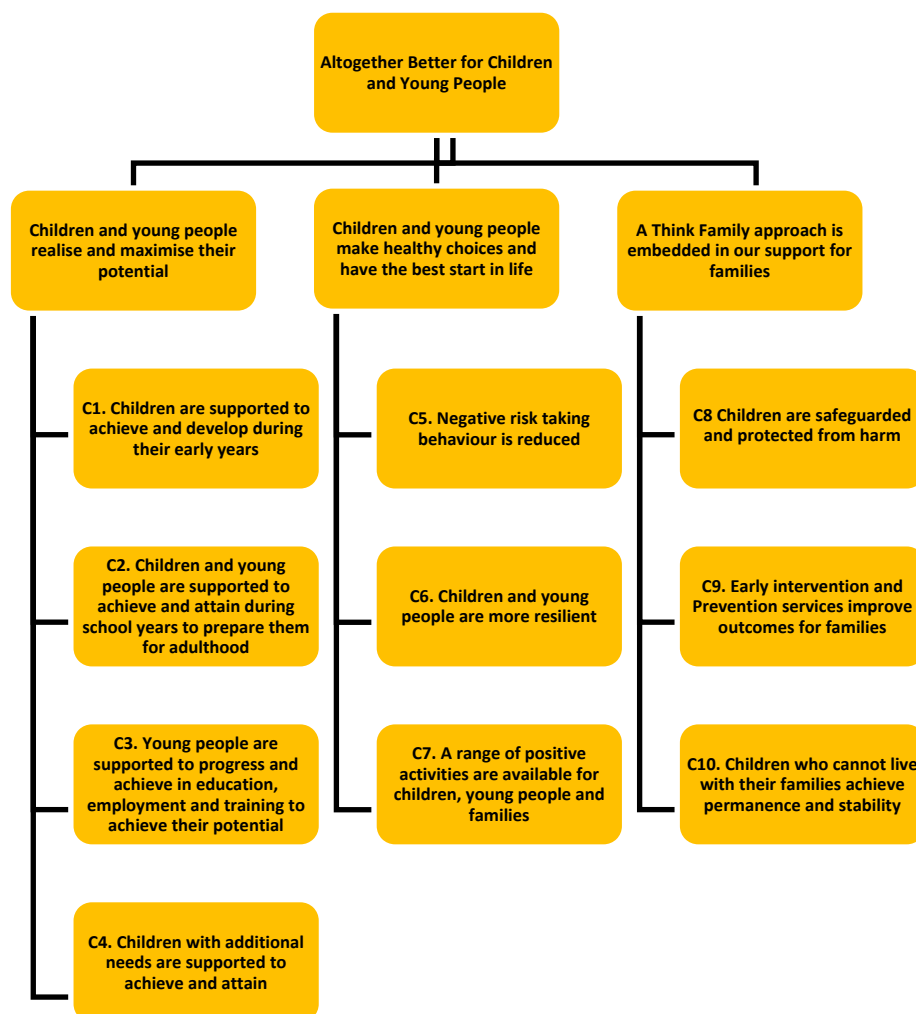
Procurement – None

Disability Issues – None

Legal Implications – None

Appendix 2

Altogether Better for Children and Young People



Our Vision

We support the overarching, multi-agency strategy for the delivery of priorities for children and young people in County Durham.

Working with the Children and Families Partnership, we aim to ensure that effective services are delivered in the most efficient way to improve the lives of children, young people and families in the county. We will continue to support children and young people from their early years through their school years and on to employment, training or apprenticeships.

The vision is for all children, young people and families in County Durham to be safe and healthy and to be given the opportunity to believe, achieve and succeed. To help achieve our vision, Altogether Better for Children and Young People has the following high level objectives:

1. Children and young people realise and maximise their potential

We want to ensure that children and young people in County Durham are supported and encouraged to 'believe, achieve and succeed', whatever their aspirations.

It is widely recognised that the early years of a child's life have a powerful influence on the rest of his/her life. We will **implement the Early Years Strategy** to ensure that resources are targeted at families where support is needed. We will create sufficient nursery places for disadvantaged two year olds to ensure readiness for school. Through **restructuring the Children's Centres** which provide a service for children up to five years old in County Durham we will also ensure that a more targeted and effective approach to family support is established, which will provide improved outcomes for children and make services more accessible.

We want to ensure that children and young people are able to thrive in the environment in which they live and learn in order to achieve their very best. **Increasing the participation of young people in education, employment and training** is a key priority for us and will be addressed through the county's 'Believe, Achieve and Succeed' Improving Progression Plan. This demonstrates our commitment to provide opportunities for all groups in society, including care leavers, young people who offend, teenage parents, and Gypsy Roma Traveller communities. We will do this by implementing the reviewed personal advisor service to ensure that there is a clear focus on the effective progression of young people who are not in education, employment or training, and we will work with the Improving Progression Partnership to ensure that clear progression pathways are in place for young people to progress post 16 to Level 3 and encourage additional support to be made available for young people previously eligible for free school meals.

Educational achievement and attainment remains a key priority for us. We will respond to the government's changes in the curriculum, through the provision of **appropriate challenge, intervention and support to assist schools to improve educational attainment** in both primary and secondary schools, to continue to narrow the attainment gap for vulnerable children and young people with those of their peers. We will monitor, challenge and intervene in schools where success rates are not improving fast enough and ensure that effective plans are in place to support those pupils who are not making the expected levels of progress. We will provide additional support to those young people who have behavioural or emotional issues with the aim of improving their school attendance and educational attainment and reducing the need for excluding them from school. This will be done through professionals from the school, One Point and other agencies working together in an innovative way called the **Team Around the School model** which will provide early help and engage young people in fun but challenging and appropriate activities which enable them to explore and manage those feelings and behaviours which are preventing them from engaging positively in school life.

We will aim to meet the needs of children with special educational needs through the implementation of the Special Educational Needs and Disability Strategy. This will also result in the **improvement of educational outcomes for children with special educational needs** by implementing Education, Health and Care assessments and providing support. We will continue to develop the local offer which provides information on what services children and young people with special educational needs or a disability and their families can expect from the range of local agencies including education, health and social care. We will provide a youth offer which will be specifically targeted at young people. We will also provide a "you said, we did" page for responding to feedback. An external evaluation of how the council has implemented the Government's reforms of the provision of services for children and young people with special educational needs or disabilities will be commissioned

and carried out in 2015. We will develop an accredited course for casework staff and also continue to work on further integration of the service towards providing the full range of provision from 0-25 years and ensure that the transition to adult care is seamless.

We will lead the implementation of the **Youth Employment Initiative programme** for County Durham to tackle youth unemployment in the county. This will provide activities to develop young people's employability skills and tailored pre-employment support, underpinned by work with employers to increase the number of employment opportunities for young people. We will also improve employment of looked after children by creating apprenticeship/training schemes for care leavers.

2. Children and young people make healthy choices and have the best start in life

Children and young people need the best possible start if they are to be successful and thrive later in life. We want to provide support and promote healthy living from an early age, providing opportunities and choice for young people to participate in a range of sport, leisure and physical activities, helping to maintain a healthy lifestyle.

We will implement statutory changes in relation to the commissioning of **Health Visitors and the Family Nurse Partnership**, as this responsibility is transferred to local authorities from NHS England in October 2015.

We will support children, young people and their families to take part in **positive activities which reduce negative and sexual health risk-taking behaviours**, for example, smoking, drinking alcohol and teenage conceptions. This will aim to encourage children and young people to be more resilient through being able to look after themselves and others by making positive decisions about their behaviour and lifestyle. We will focus particularly on ensuring that vulnerable young people have access to this support. We will provide a wide range of physical activity opportunities across County Durham to support more active lifestyles for children and young people and contribute towards tackling 'lifestyle conditions'.

Through our **Youth Support Strategy** we will focus on **delivering targeted support to young people vulnerable to poor outcomes**. Working with the voluntary and community sector, we will provide a range of positive activities which will be targeted at those children and young people who are most in need.

Emotional health and wellbeing is crucial in the development of healthy, resilient children and young people. Some children and young people, however, may have mental health needs. In order to address this we will develop and implement the **Children and Young People's Mental Health and Emotional Wellbeing Plan** in partnership with key stakeholders, including NHS services. This will include **working together with partners to reduce incidents of self-harm by young people**. We will provide a range of support to schools to tackle bullying and harassment.

We will also provide support to encourage breastfeeding and work with partners to reduce the number of women who smoke during pregnancy.

3. A Think Family approach is embedded in our support for families

'Think Family' is a multi-agency approach which seeks to provide coordinated support to those families which have problems and cause problems to the community around them. It requires all agencies to consider the needs of the whole family when working with individual members of it. To 'Think Family' is to understand

that children's problems do not sit in isolation from their parents and that parents' problems impact on their children.

The complex issues faced by families who are in need of help often cannot be addressed by a single agency but demand a co-ordinated response, especially for families who have children with additional needs. Through the use of a range of methods to support families, we will work with the most vulnerable families across County Durham to promote positive outcomes. The **implementation of the Early Help Strategy** will allow the delivery of effective early intervention and prevention services to families in County Durham, whilst continuing to provide additional support to protect children and young people who need it. The council propose to deliver a new approach to social work, learning from past initiatives. The intention of this new approach is to meet the needs of children sooner by addressing the root causes of the problems and so reduce the number of families who are re-referred for support. This will be underpinned by a significant programme of workforce development to give our staff new skills and attitudes through training, mentoring and challenge. We will create 10 early help and social work teams across the county to deliver this which will significantly increase the range, access, quality and effectiveness of services for the whole family across all their needs. We also plan to develop alliances with the third sector in all areas of the county to build capacity and sustainable change for families. We will also significantly enhance service user engagement to help improve the relationship between professionals and service users. This improvement work is dependent on a bid to the Children's Social Care Innovation Programme being successful.

We will support our workforce to assertively identify, help and support children, young people and families to stop their needs developing and to enable them to meet positive outcomes. **A single support plan for the whole family** will be provided which will clearly indicate the objectives of the family and the associated responsibilities of the family and practitioners.

The Think Family approach is also embedded in our 'Stronger Families' programme (known nationally as Troubled Families) whereby we ensure that children and young people are kept safe from harm and that vulnerable families receive the support they need. Through implementation of Phase II of this programme, we will be able to offer support to a broader range of families if they meet at least two of the following criteria:-

- Parents and children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help – either identified as in need or subject to a Child Protection Plan
- Adults out of work or at risk of financial exclusion, or young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

We will link in to the Multi Agency Safeguarding Hub, which aims to achieve faster and more consistent responses to concerns about vulnerable children. We will also **evaluate the multi-agency challenge process in collaboration with the Local Safeguarding Children Board** to provide an opportunity for challenges regarding the child protection process to be raised in a timely way, which leads to improved outcomes for children and young people.

We will implement the **Looked After Children Reduction Strategy** to provide effective alternatives to care and create permanent places for children and young people, as well as reduce the number of looked after children reported as missing from care.

We will provide support to young people in their caring role, by reviewing the carer's card to **give young carers access to a wider range of services**. The card offers discounts and concessions at retail and leisure venues throughout County Durham.

We will improve engagement with children and young people and their families by **establishing children, young people and parent forums and electronic surveys**, so that standards within children's social care are met and children and young people are appropriately safeguarded

Summary

<p>Going Well:</p> <ul style="list-style-type: none"> • 932 families in County Durham have been 'turned around' through the Stronger Families programme to October 2014; County Durham is in the top 20% nationally for 'turning around' Troubled Families. • There has been a 25% reduction in children and young people not in education, employment or training in 2014/15 • In 2013/14, 65% of Durham's pupils achieved 5 or more GCSEs at A*-C (or the equivalent), compared to 63.8% of pupils nationally. 	<p>Look Out For:</p> <ul style="list-style-type: none"> • The development of a comprehensive Children and Young People's Mental Health and Emotional Wellbeing Plan, which will aim to support children and young people who experience mental health problems. • From 1 October 2015, we will take on commissioning responsibility for public health services for children aged 0-5, enabling a whole system approach to health improvement services and service delivery.
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Cause for Concern:	Did you know?
<ul style="list-style-type: none">• Less of our looked after children achieved 5 A*-C GCSEs than anticipated.	<ul style="list-style-type: none">• Since the First Contact Service was established in April 2014, there has been a 33% reduction in those entering statutory services.• There has been an 81% fall in first time entrants to the youth justice system since 2007/08 in County Durham.